



**Office of Student Financial Aid**  
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## Special Circumstance Appeal Form

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

**Note:** Before you can be considered for an appeal, you must have already filed your 2018-2019 free application for federal student aid (FAFSA) and your results should be sent to the University of Mount Union (federal school code = 003083). You must also complete the enclosed verification form, provide a letter explaining your circumstances as well as appropriate documentation and return it to the office of student financial aid.

**NOTE:** PLEASE DO NOT SUBMIT YOUR DOCUMENTS WITH PERSONAL IDENTIFIABLE INFORMATION VIA E-MAIL OR FAX. This includes but is not limited to: W-2s, tax transcripts, court documents, etc. These must be presented in person. Please reach out to our office if you have any questions.

### SECTION A: SPECIAL CIRCUMSTANCE DOCUMENTATION

*The Higher Education Act and associated federal regulations give financial aid administrators the authority to make adjustments to an individual student's federal aid application based on special circumstances within the household. The University of Mount Union Office of Student Financial Aid will review and, when appropriate, make adjustments to a student's institutional, state and federal aid when a student, spouse, or parent have a special circumstance for 2018-2019. We reserve the right to delay review, until the end of the calendar year, for any appeal where reasonable projections cannot be made.*

#### STEP 1:

Name(s) of person(s) whose circumstance(s) have changed: \_\_\_\_\_

Indicate the above-named person's relationship to you (check all that apply):

- Self    
  Spouse    
  Parent 1    
  Parent 2    
  Other(explain)

#### STEP 2: CIRCUMSTANCE

- |   | <i>Date of Change</i> |
|---|-----------------------|
| <input type="checkbox"/> Death of parent or spouse<br><i>Submit copy of death certificate or obituary notice along with any compensation documents.</i>   | _____                 |
| <input type="checkbox"/> Separation or Divorce<br><i>Submit a copy of separation/divorce documents. Include alimony and/or child support information. W-2s for each parent are required along with a signed statement of which parent will be providing more than half of the student's support from July 1, 2018 to June 30, 2019.</i> | _____                 |
| <input type="checkbox"/> Loss of job<br><i>Required: Last paystub for job lost (and paystub for additional jobs held, if any) and Determination of Benefits Rights letter for unemployment benefits (and 2016 taxes if not already provided)</i>  | _____                 |
| <input type="checkbox"/> Decrease in work hours of current position<br><i>Required: Last paystub of previous hours and first paystub of current hours (and 2016 taxes if not already provided)</i>  | _____                 |
| <input type="checkbox"/> Change of job resulting in reduction of income<br><i>Required: Last paycheck of job before reduction and current paycheck (and 2016 taxes if not already provided)</i>   | _____                 |
| <input type="checkbox"/> Loss of unemployment benefits<br><i>Required: Paystub(s) before and after unemployment and Determination of Benefits Rights letter for unemployment benefits (and 2016 taxes if not already provided)</i>  | _____                 |
| <input type="checkbox"/> Loss of other untaxable income (workman's compensation, etc.)<br><i>Submit documentation that states the last date of the benefit and the cumulative amount received for 2018</i>  | _____                 |
| <input type="checkbox"/> Medical/dental expenses (paid out of pocket) not covered by insurance<br><i>The amount must exceed 11 percent of Income Protection Allowance. Attached Schedule A (from IRS) or receipts</i>   | _____                 |
| <input type="checkbox"/> Significant change in student's/parent's income not listed above   | _____                 |

Submit letter detailing circumstances; include all supporting documentation

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- One-time, non-recurring income (e.g. inheritance, moving expense allowance, severance pay, IRA or pension distribution which will NOT be received in 2018)  
*Attach a statement identifying the source and how funds were spent or invested.*
- Private/parochial elementary or secondary school tuition paid  
*Attach a copy of tuition statement from each school indicating the amount of tuition paid on behalf of the dependents in your household*
- Parent in college  
*Attach a copy of the tuition or billing statement indicating amount of tuition paid out of pocket. (Financial aid or employer reimbursement do not qualify.)*

**Change in income (if applicable):**

Please use this table to reflect the changes in family income from the 2016 tax year and what your family projects for 2018. As stated in the previous section, please include any supporting documentation. Subject, but not limited to, recent pay stubs, unemployment notifications, financial statements.

	2016	2018
Parent 1 income from work:		
Parent 2 income from work:		
Interest/Dividend Income:		
IRA payments:		
Tax-deferred pension payments:		
Severance:		
Unemployment benefits:		
Other taxed/untaxed income:		
Total:		

**SECTION B: CERTIFICATION STATEMENT/SIGNATURES**

I/we certify that all information and documentation that I/we have provided pertaining to this appeal is true and complete.

Student \_\_\_\_\_ Date \_\_\_\_\_

Spouse \_\_\_\_\_ Date \_\_\_\_\_

Parent’s signature is required for dependent students (as determined by the 2018-2019 FAFSA.)

Parent 1 \_\_\_\_\_ Date \_\_\_\_\_

Parent 2 \_\_\_\_\_ Date \_\_\_\_\_

This appeal will be reviewed by the Office of Student Financial Aid within 30 days of receiving all necessary documents. You will be notified in writing of the decision. **Required documentation must be attached to this appeal. Failure to provide necessary documentation will delay the appeal process.** Return completed form with attached documentation to the Office of Student Financial Services.