



Seward County Community College ♦ Financial Aid Office Special Circumstance Re-evaluation 2018-2019

Name _____
Social Security Number _____

Address _____
Phone/Message _____

This form is used by the Financial Aid Office to determine the need of a particular student that is not addressed adequately by the Federal Application for Student Financial Aid (FAFSA). You should only file for an appeal when there are circumstances **beyond the control of the family** unit that affect the family's ability to contribute to the student's educational expenses.

This form is primarily designed to reflect changes between the 2016 and 2017 income data.

You must provide

1. A **written explanation** of the special circumstance(s) and how they affected your financial situation. The explanation must be specific and must include all information relevant to your request. Write the explanation on a separate page and attach to this form.
2. Please submit **adequate documentation** to support your explanation of the circumstances (see listing below).
3. Please also **attach this form** to your completed paperwork for submission.

Please write the student's name and Social Security Number on all additional pages and documentation. **To avoid unnecessary delays, please submit all information together to satisfy the requirements listed above. If your request is incomplete, it cannot be given proper consideration.**

GENERAL BASIS OF APPEAL

- _____ **Death of a parent/spouse**
Documentation Required: 1) Copy of death certificate, 2) Record of any life insurance received, 3) Copy of signed 2016 Federal Income Tax Return from student/spouse (if independent) or student/parent (if dependent), W-2's and supporting schedules
- _____ **Divorce/Separation of parents or student from spouse**
Documentation Required: 1) Copy of divorce decree or legal documentation of separation, and 2) Copy of signed 2016 Federal Income Tax Return from student/spouse (if independent) or student/parent (if dependent), W-2's and supporting schedules
- _____ **Change in Assets** (other than cash, savings, etc.)
Documentation Required: 1) Letter of explanation, 2) Supporting documentation from insurance company, 3) Copy of signed 2016 Federal Income Tax Return from student/spouse (if independent) or student/parent (if dependent), W-2's and supporting schedules
- _____ **Loss of income or benefits**
Documentation Required: This will be calculated at the end of the calendar year to avoid over-estimation or under-estimation. Upon completion, please provide 1) Copy of signed 2016 Federal Income Tax Return from student/spouse (if independent) or student/parent (if dependent), W-2s and supporting schedules; 2) Copy of signed 2016 Federal Income Tax Return from student/spouse (if independent) or student/parent (if dependent), W-2's and supporting schedules; 3) Letter of termination of reduction in hours; 4) Documentation of unemployment benefits. If due to a loss of Social Security Benefits or child support, this is an exceptional case. Documentation required for this is a copy of the letter from the SSA for the courts describing the termination of benefits and the amount received year-to-date.

****OPTIONS CONTINUE ON BACK PAGE****

Excessive Medical Costs not covered by insurance due to extenuating circumstances.

Documentation Required: 1) Ask a pharmacy for a print out of prescription medicines paid by student/parent for 2016, 2) Your personal cancelled checks verifying payment during 2016, (**All expenses MUST be paid out-of-pocket during 2016**), 3) Copy of signed 2016 Federal Income Tax Return from student/spouse (if independent) or student/parent (if dependent), W-2's and supporting schedules.

Other (Please describe the circumstance):

Please read and sign: All attached information is true and complete to the best of my knowledge. I agree to provide detailed proof of any information if requested to do so.

(Student Signature)

(Date)

(Spouse or Parent Signature)

(Date)

	Prior Year Income Tax Return	Current Year Income Tax Return	
Gross Income			
Student wages			
Spouse/parent wages			
Other taxable income (dividends, interest, pensions, alimony, unemployment, capital gains)			
Social Security benefits			
Child Support Received			
Other untaxed income (earned income credit, welfare benefits, workers comp)			
Total Income			