



2018 - 2019
Appeal for Special Circumstances

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Dixie ID: \_\_\_\_\_ Phone/Cell Number: \_\_\_\_\_

Address: \_\_\_\_\_

Your 2018-2019 FAFSA information must first be verified by the DSU Financial Aid & Scholarship Office before your Appeal for Special Circumstances appeal can be processed. If you have not previously completed the verification process, you will be asked to do so before your appeal is finalized. Please contact our office if you have any questions before proceeding with this appeal. You may complete the Appeal for Special Circumstances if you and/or your spouses (parent if you are considered a dependent student) current financial situation is not accurately reflected by your 2016 tax information. Your family's 2016 income is used to assess your financial need for the 2018-2019 school year, in accordance with federal laws and regulations. If your income is lower due to special circumstances, a financial aid administrator may be able to use estimated 2018/2019 income to calculate financial need. This financial situation may be due to loss of job/reduction in hours, separation or divorce, death, or other circumstances. You should meet with a DSU financial aid advisor and bring this completed form and all required supporting documentation for this appeal to be considered. The appeal process can take up to six weeks to process and financial aid will not be awarded until all adjustments have been finalized by the U.S. Department of Education and verified by the DSU Financial Aid & Scholarships Office. \*\*\*Please note, students are only allowed to file ONE Appeal for Special Circumstances each school year. Submission of this appeal does not guarantee approval nor does it guarantee you will be eligible to receive additional financial aid funds. We will not accept pictures of forms. We only accept scanned or original forms for documentation. All forms can be mailed, faxed or emailed to us.

I would like to request a change to my financial aid due to the following special circumstances:

Decrease in Student/Spouse income since 2016 \*\* Please note, if you are quitting or have quit your job to attend school, this is not an appealable situation. We will then update your FAFSA to reflect your earnings/tax information based upon the completed, filed, federal tax information.

- REQUIRED DOCUMENTATION: Provide copies of the following documentation:
- Written documentation from any former employer(s) that document last date(s) of employment and last pay stub(s), and any current employer(s) that document future termination date(s) and a month's worth of pay stub(s) including the most current;
-Unemployment/disability statements and severance documentation.

Decrease in Parental income since 2016

- REQUIRED DOCUMENTATION: Provide copies of the following documentation:
- Written documentation from any former employer(s) that document last date(s) of employment and last pay stub(s), and any current employer(s) that document future termination date(s) and a month's worth of pay stub(s) including the most current;
-Unemployment/disability statements and severance documentation.

Separation, divorce or death

- REQUIRED DOCUMENTATION: Provide copies of the following documentation:
- Signed statement documenting date of legal separation or divorce;
- Death certificate, obituary, funeral program;
- All 2016 w-2's for student and spouse if independent or student and student's parents if dependent.
- Verification of current wages/current pay stubs (previous 2 months)

Loss of taxed/untaxed income or benefits

- REQUIRED DOCUMENTATION: Provide copies of the following documentation:
- Contracts, agency notices or legal papers that indicate termination of tax/untaxed benefit and the benefit amount.
- Written explanation and receipts showing how the income was used.

Other

- REQUIRED DOCUMENTATION: Provide a detailed, written detailed explanation and supporting documentation.

Dixie ID: \_\_\_\_\_

D-mail account: \_\_\_\_\_

Please explain, in detail, the circumstances in the change of income (please attach additional pages if necessary):

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If you or your parents are divorced or separated, give only your information or the information of the custodial parent. (Include the income of the custodial parent's spouse, if remarried). If the loss of income was due to the death of your spouse or parent, give only your information or the information of the surviving parent. Please complete the following:

| Income Sources   | Actual Earnings              | Estimated Earning  | Total Earnings                                      |
|--|------------------------------|--|---|
| <p><b>Documentation is needed for a TOTAL of one year period of time: Calendar year or Academic year. Please circle the period of time you choose to use for consideration.</b></p> <p>January 1, 2018 - December 31, 2018 or July 1, 2018 – June 30, 2019</p> | Actual amount earned to date | Estimated amount you will earn until the end of the calendar or academic year you selected | Actual amount earned plus estimated earning amounts |
| <b>Student:</b> Income earned from work: wages, salary, tips   |                              |  |   |
| <b>Spouse:</b> Income earned from work: wages, salary, tips (Independent Student)  |                              |  |   |
| <b>Fathers/Step-fathers:</b> Income earned from work by wages, salary, tips (Dependent Student)  |                              |  |   |
| <b>Mothers/Step-mothers:</b> Income earned from work by wages, salary, tips (Dependent Student)  |                              |  |   |
| Other taxable income including: alimony, military retirement pay, veterans benefits, etc.  |                              |  |   |
| Child Support Received   |                              |  |   |
| Other Income: pension, annuity, housing allowance, bonuses, severance pay, workers compensation, disability, etc.  |                              |  |   |
| <b>Total</b>   |                              |  |   |

*To the best of my knowledge, the information in this appeal is true and accurate. I understand that misrepresentation of facts in connection with this appeal, whenever discovered, may be sufficient cause, in and of itself, for cancellation and repayment of financial aid. Warning: If you use this form to establish eligibility for federal student financial aid and purposely give false or misleading information, your name and information will be submitted to the U.S Department of Education, Office of Inspector General for investigation. Providing false information may be punishable by significant fines, prison sentence or both.*

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_  
(If Dependent Student)

Date \_\_\_\_\_