FINANCIAL AID SPECIAL CIRCUMSTANCES APPEAL OPPORTUNITY
2023 - 2024 Award Year

Student’s Name __________________________ PC ID __________________________

Home Phone Number __________________________ Cell Phone Number __________________________

If your family has experienced a change in income due to unusual or extenuating circumstances since you filed the 2023-24 Free Application for Federal Student Aid (FAFSA), which uses 2021 income, you may be eligible for an adjustment to the original data you provided to see if you are eligible for any additional federal financial aid.

1. Attach a brief description your circumstances

2. Please check the box that applies to your situation:

☐ Unemployment or change in employment
   ( ) Student/ Spouse        ( ) Parent
   Date of occurrence:
   Submit last cumulative pay stub, a letter from the employer (termination, lay off, etc.), and approval of unemployment benefits letter.

☐ Divorce/Separation—Provide earlier date
   Date of occurrence:____________________________
   Submit a copy of a divorce decree or separation papers. If legal action has not been started, please provide documentation of separate residences (current utility bills from each household).

☐ Death of parent (if dependent) or spouse
   Date of occurrence:____________________________
   Submit a copy of death certificate.

☐ Disability of student, spouse, or parent
   Date of occurrence:____________________________
   Submit a letter from your physician, approval notice from worker’s compensation, or approval notice from disability compensation.

3. Complete this form and provide 2021 Federal Tax Returns and W-2’s, 2022 Federal Tax Returns and the most recent paystub (if currently working)

4. Sign this Certification: All of the information on this form and attached documentation is true and complete to the best of my knowledge. **Failure to submit all required documentation will result in the return of the request.**

Student:_________________________________________ Date:________________________

Parent:_________________________________________ Date:________________________