



# STUDENT FINANCIAL SERVICES

## 2024-2025 Special Circumstances Appeal

\*\*Use the *Secure Document Uploader* in MyView to submit your forms quickly and securely!\*\*

Use Document Type: [Special Circumstance Appeal](#)

Please use this form to document changes that have occurred in your family’s financial situation for the current academic year. This form allows for a review of circumstances that were not considered when you completed the Free Application for Federal Student Aid (FAFSA). If your appeal is approved, the data that you provide on this form will be used in reevaluating your eligibility for financial aid, which does not always result in additional aid.

*NOTE: In some circumstances, this appeal may contain information related to sexual harassment, sexual misconduct, and other forms of sex discrimination. According to the University of Missouri System Policy, any incident of sexual harassment of any kind, including sexual assault, committed against students must be reported to the University Title IX Coordinator, so any documentation you provide may be submitted to their office.*

### Student Information

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

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

Phone #: \_\_\_\_\_

### Household Information (If you are a dependent student, please list your parent information as indicated on the FAFSA.)

Full Name	Age	Relationship to Student
		Self/student
		Parent/step-parent
		Parent/step-parent

*\*If necessary, attach a separate sheet of paper with additional household members.*

- 1) Please indicate the reason(s) for your income reduction / extraordinary expense on page 2, complete ALL sections on page 3, and attach the required documentation as indicated.
- 2) Include a typed summary of your circumstances as outlined on page 2. There is a text box provided on page 3 for this information. Handwritten summaries will not be accepted.
- 3) Student Financial Services will finalize your appeal upon receipt of the Special Circumstance Form and the requested documentation. Please allow up to 7 - 14 days for processing and to learn if any new or additional aid eligibility has been awarded. There is no guarantee of new/additional aid based on appealing.

**Income Reduction Reason(s):** Please indicate the reason for your change request. Mark all that apply and attach the required documentation.

**ALL Income Reduction Reasons require signed and dated copies of the 2023 Federal income tax returns and W2s for any impacted individual(s) - student, spouse, and/or parents. (or 2024, if applicable)**

**Loss / Change in Employment**

- Attach letter or notification from employer regarding loss of job or change in job status.
- Copy of most recent paystub or statement of earnings for 2024/25 for you / your spouse, if applicable, or both parents.
- Notice of application for Unemployment benefits, specifically, the Maximum Benefit Letter detailing the amount received.

**Separation / Divorce**

- Attach separation papers or agreement, divorce decree/settlement, or letter from a participating attorney or mediator stating marital status, OR if no formal agreement is initiated, please document separate residences (ex. utility bill).
- Signed and dated copy of your 2022 federal income tax return and W2(s).

**Death of Parent or Spouse**

- Name and relationship to student \_\_\_\_\_
- Please provide the date of parent or spouse's death \_\_\_\_\_
- A copy of death certificate

**One-time Income**

- Provide the source, amount of income, and reason funds are not available for educational purposes in the summary section below.
- Any other appropriate documentation for the one-time income received.

**Loss of Benefits**

- *Child Support*
  - Attach copy of Court or Child Service Agency documents stating benefit ending date and monthly amount received.
- *Taxable Social Security*
  - Attach copy of notification of loss of social security income stating benefit ending date and monthly amount received.
- *Unemployment Benefits*
  - Attach copy of notification of loss of unemployment income stating benefit ending date and monthly amount received.

**Other** \_\_\_\_\_

- Please indicate the reason and provide the appropriate documentation

**Extraordinary Expense(s):** Please indicate the expense for which you are requesting consideration. Mark that which applies and attach the required documentation.

**Medical / Dental** (*Insurance premiums and expenses covered by insurance may not be included in this total*)

- Unusual medical and/or dental expenses incurred that are not covered by insurance and are in excess of 11% of the reported Adjusted Gross Income for 2022.
- Include your Explanation of benefits form from your Insurance Company. If Uninsured, copy of paid billing statements for medical/dental expenses can be provided.

**Other Members of Household in College**

- Include a signed statement, payment summary, or billing detail from the college(s) stating tuition paid or to be paid for the 2024-25 academic year minus any waiver, discount, or financial aid.

**Childcare/Daycare Payments**

- Include a signed statement, payment summary, or billing detail from childcare provider stating weekly childcare fee, amount subsidized by scholarship or State and/or Federal assistance programs, and the final weekly fee amount paid by the parent.
- Indicate the first date your child was enrolled \_\_\_\_\_

**Other** \_\_\_\_\_

- Please indicate the reason and provide the appropriate documentation
- Examples can include required books and supplies as well as unusually high living expenses or repair costs for the student's primary vehicle.

**Monthly**

**Annually**

**Estimated 2024 Income**

		<b>Student</b>	<b>Spouse</b>	<b>Parent 1</b>	<b>Parent 2</b>
<b>Taxable Income</b>	This would include wages, business and/or farm income.				
<b>Other Taxable Income</b>	This would include alimony, capital gains, pensions, annuities, etc.				
<b>Non-Taxable Income</b>	This would include child support.				
<b>Other Non-Tax Income</b>	Indicate what is included in this amount:				

**SUMMARY**

A typed summary must be included with the appeal. Please be specific regarding your situation as to what and when (specific dates) your special circumstance occurred. If information received is not specific enough, the Student Financial Services office may request additional information which will delay the processing of the appeal.

I certify that the information provided in this appeal is true and complete to the best of my knowledge. If my situation changes, then I am responsible for notifying the Student Financial Services of any estimate changes. I also agree to provide additional proof of the information given if requested by Student Financial Services. I understand that if the information is incomplete or lacks the required documentation, no action will be taken. There is no guarantee that by submitting a Special Circumstance appeal additional aid will be received by the student. By signing this worksheet, I (we) certify that all of the information to qualify for federal financial aid is complete and correct. I understand that giving false or misleading information on this worksheet can result in a fine, jail sentence, or both.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Spouse Signature

\_\_\_\_\_  
Date