

2024-2025 Special Circumstances Appeal



You must complete the 2024-2025 FAFSA at www.fafsa.gov before completing the Special Circumstances Form. Changes made by the Office of Financial Aid Services based on special circumstances may or may not increase your grants and/or scholarships. This form is used to re-evaluate your eligibility for 2024-2025 financial aid. We will act on your request for a re-evaluation only after receiving supporting documentation which confirms your circumstance(s). Please be aware that a re-evaluation does not guarantee an increase in your financial assistance. An increase depends on the availability of funds and demonstrated financial need.

Please Note:

- Appeals submitted without sufficient supporting documentation will be denied without an option to resubmit an appeal.
- Do not include original documents. They will not be returned Be sure that all copies are legible.

SPECIAL CONDITION (Please check one)	For a Dependent Student	For an Independent Student	REQUIRED DOCUMENTATION (ALL DOCUMENTS MUST BE SIGNED)
□ Loss of Employment Minimum 20% reduction of 2022 income	You and/or your parent(s)' income earned in 2024 is estimated to be less than what was earned in 2022.	You (and/or your spouse's) income earned in 2024 is estimated to be less than what was earned in 2022.	Typed or Written explanation of Special Circumstance; Student/Parent/Spouse's 2022 IRS Tax Transcripts Minimum of 2 past pay stub(s) that reflect most current monthly income or other similar documentation from all employers showing current year-to-date earnings for student/parent/spouse Termination notice from previous employer; Unemployment Award letter or statement of denial of benefits; Unemployment should be Involuntary.
Other Loss of Income Child Support Retirement/Military Discharge Disability payments Worker's Comp Other untaxed income	You and/or your parent(s)' received benefits in 2022 which have ceased or been reduced in 2023 and/or 2024.	You (and/or your spouse) received benefits in 2022 which have ceased or been reduced in 2023 and/or 2024.	Typed or Written explanation of Special Circumstance; Minimum of 2 past pay stubs or other similar documentation from all employers showing current year-to-date earnings for student/parent/spouse; Student/Parent/Spouse's 2022 IRS Tax Transcripts Documentation of the termination or reduction of benefits from the benefits provider and the date of the change; DD214, Verification of taxable Social Security Benefits, if applicable, Verification of retirement benefits if applicable.
☐ Separation or Divorce	Your parents separated or divorced AFTER filing the FAFSA but no later than 12/31/2023.	You and your spouse separated or divorced AFTER filing the FAFSA but no later than 12/31/2023.	Typed or Written explanation of Special Circumstance; Student/Parent/Spouse's 2022 IRS Tax Transcripts; W-2 Wage Transcripts for Parent/Spouse for 2022 Copy of legal separation agreement, divorce decree, court documents, or a signed letter from a Third-Party Professional (attorney, clergy, counselor, etc.) on letterhead stating the date of separation, or other documentation such as lease agreements or utility bills documenting the existence of two separate residences.
☐ Death of a Parent or Spouse	A parent has died AFTER filing the FAFSA	Your spouse died AFTER filing the FAFSA	Typed or Written explanation of Special Circumstance Student/Parent/Spouse's 2022 IRS Tax Transcripts W-2 Wage Transcripts for Parent/Spouse for 2022 Copy of death certificate

- State College of Florida, Office of Financial Aid Services 5840 26th Street West, Bradenton, FL 34207
- (Phone) 941.752.5037 (Fax) 941.727.6179 Email: <u>AskFinAid@SCF.edu</u> Web: www.SCF.edu

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			Complete	e copies of:
One Time Payment Received	Your parents received a one- time lump sum payment of money in 2022.	You (and your spouse) received a one-time lump sum payment of monies in 2022.	•	Typed or Written explanation of Special Circumstance; Copy of 1099-R or other legal documentation, Documents; detailing One Time Payment amount, source, reason Cannot be used for living expenses, must provide roll-over documents.

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Last Name	First Name	M.I.	Student ID #	
Mailing Address (Includi	ng City, State, and Zip)		Phone	

B. Projected Income and Benefits Information

A. Student Information

You are **required** to provide your received and/or expected income for all categories listed below. If no income is received and/or expected for a category, use "\$0" or "N/A"- **do not leave any blanks. Please indicate whether the amount entered is monthly or annually.** In addition to the required documentation listed on page 1, **you must submit proof of all income figures provided below** (e.g., for wages, supply a copy of your most recent pay stub).

Source of Income	Father/Stepfather	Mother/Stepmother	Student	Student's Spouse
Wages, Tips, Salary	\$	\$	\$	\$
Pensions and/or Annuities	\$	\$	\$	\$
Interest and/or Dividend Income	\$	\$	\$	\$
Welfare Benefits	\$	\$	\$	\$
Unemployment Compensation	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Worker's Compensation	\$	\$	\$	\$
Disability Benefits	\$	\$	\$	\$
Retirement Benefits	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
In Kind Support paid by	\$	\$	\$	\$
Social Security Benefits (taxable)	\$	\$	\$	\$
Severance Pay	\$	\$	\$	\$
Any untaxed Income (Child Support, VA benefits, deductible IRA/Keough, SS benefits, etc.)	\$	\$	\$	\$
TOTAL OF ALL INCOME	\$	\$	\$	\$

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\boldsymbol{c}	One	Timo	Payment	Amount	in	2022
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If your appeal is for a One Time Payment received in 2022, please enter the amount received below. Please provide roll-over documentation regarding the one-time payment.

Source of Income	Father/Stepfather	Mother/Stepmother	Student	Spouse
Amount of One Time Payment	\$	\$	\$	\$
received in 2022				

D. Student Authorization						
I understand appeals submitted without sufficient supporting docu (initial) resubmit <i>an appeal</i> .	umentation will be <i>denied without an option to</i>					
I have reviewed my Appeal Form and supporting documents. I certify they are complete and accurate. (initial)						
E. Certification and Signature						
I certify that all information provided is true and correct to the best of my understand if my petition is incomplete, it will be denied. I further unders						
Student's Signature	Date					
Parent's Signature (If the student is dependent)	Date					

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to prison, or both.

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FOR OFFICE USE ONLY

Special Circumstances Checklist Must be completed before sent for processing

If the student has a 0 EFC DO NOT accept special cond	litions
☐ FAFSA on file	
☐ The petition is signed and dated	
☐ A signed statement is included	
Page 1 of the request has been checked and all requirement	ents are attached
☐ Requirement added to RRAAREQ as pending	
***All documents must be included when you accept this from the stude information it will be returned to you and you will be responsible for confidence.	
Signature:	Date:
Decision: Approved	Denied
Comments:	
Reviewed by:	Date:
Reviewed by:	Date:

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