2014-2015 Special Circumstance Appeal Form

Student Name _______________________________  Student ID  900 _______________________________

Best contact phone number: ___________________  Email Address: ________________@students.ipfw.edu

**Special Circumstances**

Special Circumstances can be used in situations that families have little or no control over. Examples of these situations include but are not limited to death, disability, divorce or separation, loss of income and unusual expenses paid. Review the form below and complete areas that apply to your situation.

Please note that special circumstance appeals will be processed in the order of which they were received and may take up to 5 weeks for a decision. Any incomplete forms or missing supporting documents will be returned for completion and will delay processing time. **All students wishing to be considered for a special condition must complete the verification process first.** We will inform you via your IPFW email once a decision has been made.

**Reason for Special Circumstance Review (more options on back of form)**

**NOTE:** Please only complete the sections that apply to your circumstance(s)

- **Loss of employment:** Student/spouse/parent has been laid off/terminated or hour/pay rate has been reduced in 2014.
  - Layoff
  - Termination
  - Reduction of hours
  - Military Separation

  Period of unemployment or reduction: ________________  to  _______________

  I will receive unemployment benefits:  ☐ Yes  ☐ No

**Required Documentation**

- Typed personal statement outlining the reason for an appeal, including specific information and dates
- Notice of layoff, termination, or reduction of hours from employer (if received)
- A signed and dated copy of student/spouse/parent(s) most recent 2014 paystubs
- Unemployment Maximum Benefit Statement (if receiving unemployment)

- **Loss or increase of other types of income:**

  Date of income change: ________________

  - Loss of unemployment compensation
    - provide letter from unemployment office
  - Increase due to one-time income; this may include:
    - withdrawal of 401K
    - inheritance
    - moving allowance
    - child support
  - Other
    - provide supporting documentation

**Required Documentation**

- Typed personal statement outlining the reason for an appeal, including specific information and dates
- Supporting documents which document loss or increase of income
Reason for Special Circumstance Review (continued)

☐ Divorce or Separation

Date of divorce or separation: ______________________

☐ Student/Spouse     ☐ Parents of dependent student

Required Documentation

☐ Typed personal statement outlining the reason for an appeal, including specific information and dates
☐ W2 form(s)Bran
☐ Separation documentation
  - Include a bill which indicates separate households
☐ Divorce decree (if applicable)
☐ Child support statements (if applicable)

☐ Death of Spouse or Parent:

☐ Spouse of student     ☐ Parent of dependent student

Required Documentation

☐ Typed personal statement outlining the reason for an appeal, including specific information and dates
☐ Copy of death certificate or obituary

☐ Unusual Expenses Paid (such as medical or dental expenses)

Required Documentation

☐ Typed personal statement outlining the reason for an appeal, including specific information and dates
☐ Copy of 2013 federal Tax Return Transcript and Schedule A
☐ Medical/dental payment receipts showing what was paid out of pocket for 2013-2014

Certification Statement – Read and Sign Below

By signing my name below, I certify that the information provided is truthful and accurate. I understand that if I provide false or misleading information, I may be fined $20,000, sent to prison, or both. I authorize the IPFW Financial Aid Office to contact the provider(s) listed above for additional or clarifying information. I agree to notify the IPFW Financial Aid Office if any of the information provided on this form changes.

_______________________________________________
Student’s Signature                             Date Signed

_______________________________________________
Parent’s Signature (dependent students only)    Date Signed

Financial Aid Office Use Only

<table>
<thead>
<tr>
<th>Students Income</th>
<th>Other taxable income</th>
<th>Verif complete</th>
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<tbody>
<tr>
<td>Spouses Income</td>
<td>Other untaxed income</td>
<td>Prof Judge</td>
</tr>
<tr>
<td>Fathers Income</td>
<td>Income Adjustments</td>
<td>MO</td>
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<tr>
<td>Mothers Income</td>
<td>HHS/# in college</td>
<td>Est taxes</td>
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<td>Old EFC</td>
<td>New EFC</td>
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☐ Approved   ☐ Denied

_______________________________________________
Financial Aid Counselor’s Signature              Date Signed