



**Office of Student Financial Aid
Special Circumstances Appeal 2021-2022**

**Please allow up to 30 days for this form to be processed
Deadline to submit form is April 1, 2022**

This form is used to request special consideration for Federal Student Aid due to separation/divorce, death, loss of employment, excessive medical expenses, loss of untaxed income or benefits, etc. Incomplete requests will not be considered. **Approval does not guarantee additional funding.**

Student's Name _____ Banner: XXX _____
Last 6 digits only

Student Address _____ City _____ State _____ Zip Code _____

Student Email Address _____ () _____
Student Telephone Number _____

*****Place a check mark in appropriate box for your request*****

Section A: Job Loss/Reduction in Income (Must be continuous for at least 3 months before appeal will be considered)

You are required to submit all the following information:

- **Provide a detailed letter (parent) or (student if independent) explaining the circumstances upon which you are requesting for review. Include dates indicating when circumstances occurred.**
- Submit year-to-date earnings statement or copy of final paystub;
- Submit a copy of most recent paystub if you, a parent or spouse is currently employed;
- Submit documentation of unemployment, severance pay, disability or etc.
- Provide copy of 2019 and 2020 tax return transcript or signed copy of Federal Tax Return along with W- 2's.
- Submit letter from employer indicating employee's termination date and any payments or benefits received due to the separation; and complete income estimation table below.

2021 INCOME ESTIMATION TABLE

January 1, 2021 – December 31, 2021

Provide documentation or statement verifying how you arrived at the following figures

Income from work by student	Amount: \$ _____
Income from work by student's spouse	Amount: \$ _____
Income from work by father/stepfather	Amount: \$ _____
Income from work by mother/stepmother	Amount: \$ _____

PROVIDE DOCUMENTATION

Other taxable income -- List sources (i.e., unemployment compensation, disability benefits, interest and dividend income, alimony, pensions, real estate income, capital gains/losses, and all other taxable income):

Source: _____	Amount: \$ _____
Source: _____	Amount: \$ _____
Source: _____	Amount: \$ _____
Total:	\$ _____

PROVIDE DOCUMENTATION

Nontaxable income – List sources (i.e., TANF, Social Security benefits, child support, and all other non-taxable income):

Source: _____	Amount: \$ _____
Source: _____	Amount: \$ _____
Source: _____	Amount: \$ _____
Total:	\$ _____



Section B – Divorce/Separation or Death:

- A copy of divorce decree, death certificate, separation agreement, or obituary.
- **Provide a detailed letter (parent) or (student if independent) explaining the circumstances upon which you are requesting for review. Include dates indicating when circumstance occurred.**
- Letter from appropriate State or Federal agency or other legal documentation specifying termination date and amount of benefits received. Submit a completed 2021-2022 Verification Worksheet;
- If joint tax return was filed, attach copies of 2019 and 2020 tax return transcript or 2019 and 2020 signed tax return and copies of all W-2's and supporting schedules.

Section C- Medical Expenses – (Unreimbursed expenses only)

- Submit a complete Federal 2019 and 2020 IRS tax transcript or a signed copy of your 2019 and 2020 tax return and all W-2's. Complete the table below and attach documentation showing total checks or receipts paid by you in 2019. **We cannot consider balances that have not been paid or paid by insurance.**

Medical Expense Table			
Name of Family Member	Month/Year Expenses Incurred	Total Charge	Amount Paid by Family (out-of-pockets)
<i>Example: Jane Johnson</i>	<i>10/18</i>	<i>\$5,000</i>	<i>\$4,000</i>
Total Amount of expenses Paid by Family →			\$

Sign the Certification Statement below:

All the information on this Special Circumstances Appeal Form is true and complete to the best of my knowledge.
 I understand that if I purposely give false or misleading information on this Appeal Form, I may be subject to a fine, a prison sentence or both.

If you are a dependent student, one parent must also sign. If you are a married student, your spouse must also sign.

Student	Date	Parent	Date
Student's Spouse	Date		

Mail or Fax completed form to:
 North Carolina Agricultural and Technical State University
 Office of Student Financial Aid
 1601 E. Market Street
 Greensboro, North Carolina 27411
 Telephone: 336-334-7973 Fax: 336-334-7954

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 UPDATED: 12/20