



**APPEAL FOR REVIEW OF UNUSUAL CIRCUMSTANCES  
2017-2018**

Student Name: \_\_\_\_\_ ID# \_\_\_\_\_

SSN# \_\_\_\_\_ Student Phone # \_\_\_\_\_ Parent Phone # \_\_\_\_\_

Student Email \_\_\_\_\_ Parent or Spouse email \_\_\_\_\_

Your financial need is determined by the federal government when you complete and submit the Free Application for Federal Student Aid (FAFSA). Your financial award package is based on this information. If you feel you have an unusual circumstance that has recently occurred and therefore was not able to be reflected on the 2017-2018 FAFSA application, you may provide our office with a detailed explanation of the situation and the relevant documentation to support your claim. In turn, we will review your documentation and determine if adjustments to your FAFSA and your subsequent financial awards are appropriate.

Documentation such as Federal Tax Returns, W-2's, pay stubs, letters from employers or doctors, State unemployment or Federal social security, etc., which support the basis for your appeal should be submitted. If you do not submit documentation or leave pertinent sections of this form blank, the form will be returned to you for completion.

**PLEASE INDICATE THE UNUSUAL CIRCUMSTANCE(S) YOU WOULD LIKE US TO REVIEW:**

\_\_\_\_ 1. Since completing the 2017-2018 FAFSA (using 2015 tax information), a member of your family has lost employment income due to:

\_\_\_\_ termination \_\_\_\_ layoff \_\_\_\_ disability \_\_\_\_ retirement \_\_\_\_ company closing \_\_\_\_ other

**Documentation Requested:**

- Last date of employment: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Date expected to return to work: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Copy of 2015 Federal Tax Return and all W-2's
- Copy of 2016 Federal Tax Return and all W-2's
- Copies of most recent 2017 pay stub(s) with YTD totals for all members of household
- Copy of notification/termination letter from company
- Copy of document outlining temporary disability benefits or unemployment benefits
- Copy of document outlining severance benefits or retirement benefits

\_\_\_\_ 2. Since completing the 2017-18 FAFSA (using 2015 tax information), a member of your family has lost supplemental income such as:

\_\_\_\_ Unemployment benefits \_\_\_\_ Child Support \_\_\_\_ Social Security Benefits

\_\_\_\_ Other: (explain) \_\_\_\_\_

**Documentation Requested:**

- Date benefits ceased: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Date benefits would be available again: \_\_\_\_/\_\_\_\_/\_\_\_\_ (if applicable)
- Copy of 2015 Federal Tax Return and all W-2's
- Copy of 2016 Federal Tax Return and all W-2's
- Copies of most recent 2017 pay stub(s) with YTD totals for all members of household
- Copy of document indicating the benefits have ceased or decreased

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\_\_\_ 3. Your family incurred excessive medical expenses in 2015 or 2016 due to the illness of a family member. These expenses must be documented on Schedule A of your 2015 or 2016 Federal Tax Return.

**Documentation Requested:**

Copy of 2015 or 2016 Federal Tax Return with Schedule A attached

\_\_\_ 4. Since completing the 2017-2018 FAFSA (using 2015 tax information), a member of your family has had a loss of work/income due to an injury or illness of at least 10 weeks and did not have adequate sick-time pay during that time.

**Documentation Requested:**

Date you first missed work due to injury/illness: \_\_\_/\_\_\_/\_\_\_

Date you returned or expect to return to work: \_\_\_/\_\_\_/\_\_\_

Copy of 2015 Federal Tax Return and all W-2's

Copy of 2016 Federal Tax Return and all W-2's

Copies of most recent 2017 pay stub(s) with YTD totals for all members of household

\_\_\_ 5. Since completing the 2017-2018 FAFSA (using 2015 tax information), the marital status of the student or parent(s) has changed due to

\_\_\_ divorce \_\_\_ death of a spouse/parent    Note: Marriages are not considered.

**Documentation Requested:**

Copy of 2015 Federal Tax Return and all W-2's

Copy of 2016 Federal Tax Return and all W-2's

Copies of most recent 2017 pay stub(s) with YTD totals for all members of household

Copy of complete/signed/filed Divorce decree (*if applicable*)

Copy of Death Certificate (*if applicable*)

\_\_\_ 6. Out-of-pocket college expenses for parent(s) who attend college and their expenses are not reimbursed by grants, scholarships or employer reimbursement benefits.

**Documentation Requested:**

Copy of 2015 Federal Tax Return and all W-2's

Copy of 2016 Federal Tax Return and all W-2's

Copy of account statement showing charges, financial aid and payments made

\_\_\_ 7. Out-of-pocket expense (*for tuition only*) at private elementary and/or secondary school for younger children.

**Documentation Requested:**

Copy of 2015 Federal Tax Return and all W-2's

Copy of 2016 Federal Tax Return and all W-2's

Copy of student account statement showing tuition charges and tuition payments made

\_\_\_ 8. Other: \_\_\_\_\_

Please attach a detailed statement regarding your circumstances and provide supporting documentation to support your claim.

I CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS TRUE AND CORRECT. I HAVE PROVIDED COMPLETE INFORMATION TO THE BEST OF MY ABILITY.

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

Date: \_\_\_\_\_

Student's Parent or Spouse Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return this form and all required documentation to:

**Office of Financial Aid  
Monmouth College  
700 East Broadway  
Monmouth, IL 61462**