**SR | SUL ROSS**
OFFICE OF FINANCIAL AID

# Special Circumstance Appeal Form

**Student Name:** _____ **A#:** _____

**Parent Name:** _____ **Email:** _____

**Additional Amount Requested for 2025-2026 Aid Year:** _____

> **The Office of Financial Aid recognizes that it is possible for families to have changes in income or family situations that cannot be reflected in the 2023 tax return. If your financial circumstances have changed you can appeal the financial aid eligibility. Please be advised if selected for verification you must complete his process before submitting the form.**

| Please Check | Reason for Appeal | Required Documentation |
|---|---|---|
| ☐ | A significant loss in income due to termination or change in employment | • A copy of the most recently submitted tax return and W2 forms, in addition to the following:<br>• Copy of the last/most recent pay stub for both parents in the household<br>• Termination notice or letter of explanation from the employer<br>• Severance statement (If applicable)<br>• Copy of unemployment benefit eligibility (If applicable) |
| ☐ | Unexpected life event | • Official death certificate<br>• Proof of separation<br>• Copy of divorce decree<br>• Documentation of funeral expenses |
| ☐ | Medical expenses | • Documentation of medical expenses |
| ☐ | Other | • Detailed Explanation of circumstances<br>• Documentation to support the statement |

**Student/Parent Certification**

I/We certify that, as of the date this form is signed, the information included is accurate and complete to the best of my/our knowledge and is not falsely represented.

I/We understand that as there is no guarantee that an appeal will be approved, it is the student's responsibility to maintain good standing with the Bursar and his/her college registrar.

I/We understand that completing this form does not guarantee financial aid will be increased and that any revision based on this appeal information does not guarantee the same adjustment in future academic years.

**Student Signature:** _____ **Date:** _____

**Parent Signature:** _____ **Date:** _____

**For Questions please contact The Office of Financial Aid: FA@SULROSS.EDU**