

Special Circumstance Appeal Form

Student Name: _____ A#: _____

Parent Name: _____ Email: _____

Additional Amount Requested for 2026-2027 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 2024 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
<input type="checkbox"/>	A significant loss in income due to termination or change in employment	<ul style="list-style-type: none"> A copy of the most recently submitted tax return and W2 forms, in addition to the following: Copy of the last/most recent pay stub for both parents in the household Termination notice or letter of explanation from the employer Severance statement (If applicable) Copy of unemployment benefit eligibility (If applicable)
<input type="checkbox"/>	Unexpected life event	<ul style="list-style-type: none"> Official death certificate Proof of separation Copy of divorce decree Documentation of funeral expenses
<input type="checkbox"/>	Medical expenses	<ul style="list-style-type: none"> Documentation of medical expenses
<input type="checkbox"/>	Other	<ul style="list-style-type: none"> Detailed Explanation of circumstances 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