



2016-2017 SPECIAL CIRCUMSTANCES APPEAL FORM

Student's Name _____ SS# _____
Address _____ Email _____
City _____ State _____ Zip _____ Phone (____) _____

NOTE: BEFORE YOU CAN BE CONSIDERED FOR AN APPEAL, YOU MUST HAVE ALREADY FILED YOUR 2016-2017 FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA).

The Higher Education Act and associated federal regulations give financial aid administrators the authority to make adjustments to an individual student's federal aid application based on special circumstances within the household. The Calumet College of St. Joseph Financial Aid Office will review and, when appropriate, make adjustments to a student's institutional, state and federal aid when a student, spouse, or parent have demonstrated a decrease in income for 2016. We reserve the right to delay review, until the end of the calendar year, on any appeal where reasonable projections cannot be made.

STEP 1: AFFECTED PERSON(S)

Name(s) of person(s) whose income(s) have changed: _____

Indicate the above named person's relationship to you (check all that apply):

Self Spouse Father/Step Mother/Step Other (explain)

STEP 2: CIRCUMSTANCE

Note: **No action will be taken on this appeal until we have received all required documentation.**

(2015 taxes may be required if not already provided through verification process.)

	Date of Change
<input type="checkbox"/> Death of parent or spouse Go to Step 3	____/____/____
<input type="checkbox"/> Separation or <input type="checkbox"/> Divorce Go to Step 3	____/____/____
<input type="checkbox"/> Loss of income from work for at least ten (10) weeks in 2016 Required: Last paystub for job lost (& paystub for additional jobs held, if any) & Determination of Benefits Rights letter for unemployment benefits showing when benefits began and regular benefit amount received	____/____/____
<input type="checkbox"/> Decrease in work hours of current position for at least ten (10) weeks in 2016 Required: Last paystub of previous hours & most recent paystub of current hours	____/____/____
<input type="checkbox"/> Change of job resulting in reduction of income Required: Last paystub from previous job before reduction and & most recent paystub of current job	____/____/____
<input type="checkbox"/> Loss of unemployment benefits Required: Paystub(s) before and after unemployment & Determination of Benefits Rights letter for unemployment benefits showing when benefits began and regular benefit amount received	____/____/____
<input type="checkbox"/> Loss of child support Required: Signed statement listing monthly support and when it stopped, along with documentation of child support loss	____/____/____
<input type="checkbox"/> Loss of other untaxed income (workman's compensation, etc.) Required: Letter from agency indicating amounts and ending date	____/____/____
<input type="checkbox"/> Medical/dental expenses not covered by insurance exceeding 11% of Income Protection Allowance Required: Copies of IRS Schedule A and documentation of medical/dental expense amounts	____/____/____
<input type="checkbox"/> Significant change in student's/parent's income not listed above Required: Letter detailing circumstance (& any supporting documentation)	____/____/____

STEP 3: SEPARATION, DIVORCE OR DEATH

If you or your parents have incurred a separation, divorce or death **after** filing your 2016-2017 FAFSA, please complete the following:

Number in Household in 2016-2017: _____ * Number in College in 2016-2017: _____ *

*Include persons for whom you/your custodial parent will provide more than half support for between July 1, 2015, and June 30, 2016, and persons who will attend college at least half-time (6 credit hours). For number in college, exclude parents. Required: separation, divorce, or death certificate/deedee, 2015 federal taxes if use of the IRS Data Retrieval Tool was submitted on the FAFSA (if not, 2015 tax transcript is required), and W2s filed with 2015 taxes.

STEP 4: ESTIMATED 2016 INCOME/BENEFITS

Using the chart below, enter the total yearly income that _____you, _____your spouse, _____your parent(s) expect to receive from January 1, 2016 through December 31, 2016. Complete **ONLY** for person whose income has changed. Use **ONLY** custodial parent in cases of divorce, separation and death. Use only **YOUR** income information if you are divorced, separated or widowed. If answer to item is none, write -0-.

	STUDENT/SPOUSE	PARENTS
Wages, salaries and tips - 01/01/16 to today	\$ _____ (student)	\$ _____ (father)
- today to 12/31/16	\$ _____ (student)	\$ _____ (father)
Wages, salaries and tips - 01/01/16 to today	\$ _____ (student's spouse)	\$ _____ (mother)
- today to 12/31/16	\$ _____ (student's spouse)	\$ _____ (mother)
Other taxable income (interest, dividends, alimony, net business/farm income, capital gains, pensions, annuities, etc.)	\$ _____	\$ _____
Other untaxed income & benefits (untaxed interest, untaxed & taxed deferred pensions, workman's compensation, IRA/Keough payments, etc.)	\$ _____	\$ _____
Child support paid (do not include for children claimed as part of household)	\$ _____	\$ _____

Will you receive any of the following benefits during 2016? ___Yes ___No

(If yes, **please provide documentation and complete the following.**)

___2016 estimated unemployment benefits \$ _____

___2016 estimated worker's compensation \$ _____

___2016 estimated child support **received** (for all family members) \$ _____

Other Comments:

STEP 5: VERIFICATION WORKSHEET

All appeals must be submitted with the appropriate (dependent or independent) 2016-2017 Verification Worksheet and requested documentation: www.ccsj.edu/financialaid/finaidforms.html

STEP 6: CERTIFICATION STATEMENT/SIGNATURES

I/We certify that all information and documentation that I/we have provided pertaining to this appeal is true and complete.

Student _____ Date _____

Spouse _____ Date _____

Parent's signature is required only if parent's information was provided above.

Father _____ Date _____

Mother _____ Date _____

This appeal will be reviewed by the Student Financial Aid Office. You will be notified in writing of the decision within 4 weeks of submitting this appeal. **Required documentation must be attached to this appeal.** Return completed form with attached documentation to the Financial Aid Office.

Financial Aid Office Phone: (219) 473-4296

Financial Aid Office Fax: (219) 473-4340

Financial Aid Office Mail: 2400 New York Ave; Whiting, IN 46394