

SCAF19

SPECIAL CIRCUMSTANCES APPEAL FORM 2018/2019

The Financial Aid Office (FAO) recognizes that students and their families may have extenuating financial circumstances that the Free Application for Federal Student Aid (FAFSA) does not consider. The FAO reviews such circumstances. Notice: Submission of this Special Circumstances Request form does **NOT** guarantee a favorable change in your financial aid eligibility or award(s). All students requesting a Special Circumstance Appeal **will be selected for verification**.

Appeals are reviewed on a case-by-case basis by a Financial Aid Administrator. Supporting documentation **MUST** be provided before a request can be considered. The Financial Aid Administrator has the right to deny any request. Whether you receive additional financial aid will depend on your new eligibility status and the availability of funds. **All appeal decisions are FINAL. Appeals are processed as quickly as possible, but may take several weeks during peak periods (June – September)**

Student's First Name:	UMMC ID (i.e. 300123456)
Student's Last Name:	UMMC Email:

Requirements and Instructions:

- ✓ FAO must have your 2018-2019 FAFSA on file.
- ✓ On page 2, check **only one** situation for which you are requesting a special circumstances review.
- ✓ Submit a completed 2018-2019 Verification Worksheet, which is available from the FAO and on the FAO website at [2018/2019 Verification Worksheet](#).
- ✓ To document your tax return, you may:
 - Use the IRS Data Retrieval Tool to transfer data to your FAFSA, **OR**
 - Request a 2016 IRS Tax Transcript at www.irs.gov or you may call the IRS at 1-800-908-9946
 - **(Dependent students:** a copy of your tax transcript **AND** your parent's tax transcript
 - **Independent students:** a copy of your (and your spouse's, if married) tax transcript)
- ✓ Submit a letter with this appeal, explaining the circumstances of your family's current financial situation.
- ✓ Submit all requested documents, along with appeal form, to the Financial Aid Office.

Required Signature

I certify that all information reported on this form is true, complete and accurate. **I understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid.**

Student's Signature _____

Date _____

Return this form to:
**The University of Mississippi
 Medical Center
 Office of Student Financial
 Aid 2500 North State Street
 Jackson, MS 39216**
financialaid@umc.edu
**Print your Name and Student ID
 Number on All Documents. See**
<http://myu.umc.edu> for your Financial
 Aid Status

PLEASE CHECK THE BOX NEXT TO THE SITUATION THAT APPLIES TO YOUR FAMILY

SPECIAL CIRCUMSTANCES	REQUIRED DOCUMENTS
<input type="checkbox"/> Divorce or Separation AFTER FAFSA has been filed (Student or Parent) <i>A student who married after the initial FAFSA was filed is not eligible for a professional judgment based on becoming married. This is a policy of the U.S. Dept. of Education.</i>	<ul style="list-style-type: none"> • Copy of divorce decree or documentation of separation (Separate Maintenance Agreement or attorney's letter) Dependent students must also provide confirmation of who will be their custodial parent during the academic year. • Proof of separate residences. • Documentation verifying child support that student and/or parent is receiving for minor children.
<input type="checkbox"/> Retirement (Student or Parent)	<ul style="list-style-type: none"> • Letter of separation from employer. • Copy of last pay stub showing earnings. • Statement of retirement benefits.
<input type="checkbox"/> Death of Parent or Spouse AFTER FAFSA has been filed	<ul style="list-style-type: none"> • Copy of death certificate
<input type="checkbox"/> Loss of Employment due to Layoff or Termination (Student or Parent) <i>There must be at least 3 months of lost income. Note: we cannot use any documentation that reflects future events. (e.g. resignation from job)</i> <i>Please be aware that unless the income loss is permanent in nature, we cannot process an appeal of this type before June 2018. It is premature to project 2018-19 income before the academic year even begins.</i> <input type="checkbox"/> Loss of Other Income (e.g. child support, social security benefits) (Student or Parent)	<ul style="list-style-type: none"> • Letter from employer on company letterhead that includes the last date of employment or reduction in wages. • Copy of unemployment benefits OR statement of ineligibility. • Severance/buy-out package provided – Yes or No If yes, provide documentation (severance agreement) • Documentation of year-to-date income. • Disability benefits received – Yes or No If yes, provide documentation of benefits • Letter providing notification of benefit termination or reduction, stating effective date and new monthly amounts if applicable, as well as the type of benefit affected.
<input type="checkbox"/> Non-recurring 2016 income (e.g. IRA distribution, pension distribution, inheritance, etc.) (Student or Parent)	<ul style="list-style-type: none"> • Documentation of income type and amount. • Documentation of how the funds were spent or invested.
<input type="checkbox"/> Change in Employment Status, from Full-time to part-time, or reduction in wages.	<ul style="list-style-type: none"> • Letter from employer on company letterhead that includes the change and effective date. • Documentation of year-to-date income. • If you reduced the number of work hours for the purpose of attending school, please provide a letter to explain.
<input type="checkbox"/> Parent's 2017-18 College Enrollment (Parents of Dependent student only)	<ul style="list-style-type: none"> • Documentation from the college of parent's enrollment in a program leading to a degree or certificate, including the program of study and the program beginning and ending dates.
<input type="checkbox"/> Non-reimbursed Medical or Dental Expenses PAID <i>To make adjustments in this area, you must document whether you have out-of-pocket expenses beyond the set amount for medical care that is already figured into the federal EFC formula. Copies of unpaid bills cannot be used. Voluntary medical and/or dental procedures do not quality.</i>	<ul style="list-style-type: none"> • Documentation for non-reimbursed medical/dental expenses and proof of payment. • Include Schedule A (if filed) of the federal 1040, OR • Letter from medical provider that details: <ol style="list-style-type: none"> 1. Original medical/dental expense, patient's name, and date of service 2. Amount paid (or to be paid) by insurance – and any other amount to be adjusted off the balance due 3. Amount actually paid on this service by the individual 4. The name, address, and phone number of the medical/dental provider

NOTE: Many financial aid programs have specific deadlines, in which late submission of this appeal may result in a denial as the deadline to process aid eligibility has passed. Please submit the appeal a minimum of 4-6 weeks prior to the start of the semester for which you are requesting a review of your eligibility.

Incomplete appeals will result in a delay in processing time.