

## Special Circumstances Appeal

You must complete the 2023-2024 FAFSA at [www.fafsa.gov](http://www.fafsa.gov) before completing the Special Circumstances Form. Changes made by the Office of Financial Aid Services based on special circumstances may or may not increase your grants and/or scholarships. This form is used to re-evaluate your eligibility for 2023-2024 financial aid. We will act on your request for a re-evaluation only after receiving supporting documentation which confirms your circumstance(s). Please be aware that a re-evaluation does not guarantee an increase in your financial assistance. An increase depends on the availability of funds and demonstrated financial need.

**Please Note:**

- Appeals submitted without sufficient supporting documentation will be denied **without an option to resubmit an appeal.**
- Do not include original documents. They will *not* be returned. Be sure that all copies are legible.

SPECIAL CONDITION (Please check one)	For a Dependent Student	For an Independent Student	REQUIRED DOCUMENTATION (ALL DOCUMENTS MUST BE SIGNED)
<input type="checkbox"/> <b>Loss of Employment</b> (Minimum 20% reduction of 2021 income)	You and/or your parent(s)' income earned in 2023 is estimated to be less than what was earned in 2021.	You (and/or your spouse's) income earned in 2023 is estimated to be less than what was earned in 2021.	Complete copies of: <ul style="list-style-type: none"> <li>• <b>Typed or Written explanation of Special Circumstance</b></li> <li>• Minimum of 2 past pay stub(s) that reflect most current monthly income or other similar documentation from all employers showing <b>current</b> year-to-date earnings for student/parent/spouse</li> <li>• Termination notice from previous employer</li> <li>• Unemployment Award letter or statement of denial of benefits</li> <li>• Unemployment must be Involuntary</li> </ul>
<input type="checkbox"/> <b>Other Loss of Income</b> Child Support Retirement/Military Discharge Disability payments Worker's Comp Other untaxed income	You and/or your parent(s)' received benefits in 2021 which have ceased or been reduced in 2022 and/or 2023.	You (and/or your spouse) received benefits in 2021 which have ceased or been reduced in 2022 and/or 2023..	Complete copies of: <ul style="list-style-type: none"> <li>• <b>Typed or Written explanation of Special Circumstance</b></li> <li>• Minimum of 2 past pay stubs or other similar documentation from all employers showing <b>current</b> year-to-date earnings for student/parent/spouse</li> <li>• Documentation of the termination or reduction of benefits from benefit provider and the date of change.</li> <li>• DD214, Verification of taxable Social Security Benefits, if applicable, Verification of retirement benefits if applicable</li> </ul>
<input type="checkbox"/> <b>Separation or Divorce</b>	Your parents separated or divorced AFTER filing the FAFSA but no later than 12/31/2022..	You and your spouse separated or divorced AFTER filing the FAFSA but no later than 12/31/2022.	Complete copies of: <ul style="list-style-type: none"> <li>• <b>Typed or Written explanation of Special Circumstance</b></li> <li>• Student/Parent/Spouse's 2021 IRS Tax Transcripts</li> <li>• W-2 Wage Transcripts for Student/Parent/Spouse for 2021</li> <li>• Copy of legal separation agreement, divorce decree, or a signed letter from a Third-Party Professional (attorney, clergy, counselor, etc.) on letterhead stating date of separation, or other documentation such as lease agreements or utility bills documenting the existence of two residences.</li> </ul>
<input type="checkbox"/> <b>Death of a Parent or Spouse</b>	A parent has died AFTER filing the FAFSA	Your spouse died AFTER filing the FAFSA	Complete copies of: <ul style="list-style-type: none"> <li>• <b>Typed or Written explanation of Special Circumstance</b></li> <li>• Student/Parent/Spouse's 2021 IRS Tax Transcripts</li> <li>• W-2 Wage Transcripts for Student/Parent/Spouse for 2021</li> <li>• Copy of death certificate</li> </ul>

- State College of Florida, Office of Financial Aid Services • 5840 26<sup>th</sup> Street West, Bradenton, FL 34207
- (Phone) 941.752.5037 • (Fax) 941.727.6179 • Email: [AskFinAid@SCF.edu](mailto:AskFinAid@SCF.edu) • Web: [www.SCF.edu](http://www.SCF.edu)

State College of Florida, Manatee-Sarasota does not discriminate based on sex, race, religion, age, national origin/ethnicity, color, marital status, disability, genetic information and sexual orientation in any of its educational programs, services or activities, including admission and employment. Direct inquiries regarding nondiscrimination policies to: Equity Officer, 941-752-5323, PO Box 1849, Bradenton, FL 34206

<input type="checkbox"/> <b>One Time Payment Received</b>	Your parents received a one-time lump sum payment of monies in 2021.	You (and your spouse) received a one-time lump sum payment of monies in 2021.	Complete copies of: <ul style="list-style-type: none"> <li><b>Typed or Written explanation of Special Circumstance</b></li> <li>Copy of 1099-R or other legal documentation, Documents detailing One Time Payment amount, source, reason</li> <li>Cannot be used for living expenses, must provide roll-over documents</li> </ul>
---	--	---	---

**A. Student Information**

\_\_\_\_\_ G00 \_\_\_\_\_  
 Last Name                                      First Name                                      M.I.                                      Student ID #

\_\_\_\_\_  
 Mailing Address (Including City, State and Zip)                                      Phone

**B. Projected Income and Benefits Information**

You are **required** to provide your received and/or expected income for all categories listed below. If no income is received and/or expected for a category, use "\$0" or "N/A" - **do not leave any blanks. Please indicate whether the amount entered is monthly or annually.** In addition to the required documentation listed on page 1, **you must submit proof of all income figures provided below** (e.g., for wages, supply a copy of your most recent pay stub).

Source of Income	Father/Stepfather	Mother/Stepmother	Student	Student's Spouse
Wages, Tips, Salary	\$	\$	\$	\$
Pensions and/or Annuities	\$	\$	\$	\$
Interest and/or Dividend Income	\$	\$	\$	\$
Welfare Benefits	\$	\$	\$	\$
Unemployment Compensation	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Worker's Compensation	\$	\$	\$	\$
Disability Benefits	\$	\$	\$	\$
Retirement Benefits	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
In Kind Support paid by _____	\$	\$	\$	\$
Social Security Benefits (taxable)	\$	\$	\$	\$
Severance Pay	\$	\$	\$	\$
Any untaxed Income (Child Support, VA benefits, deductible IRA/Keough, SS benefits, etc)	\$	\$	\$	\$
<b>TOTAL OF ALL INCOME</b>	\$	\$	\$	\$

• State College of Florida, Office of Financial Aid Services    • 5840 26<sup>th</sup> Street West, Bradenton, FL 34207  
 • (Phone) 941.752.5037    • (Fax) 941.727.6179    • Email: [AskFinAid@SCF.edu](mailto:AskFinAid@SCF.edu)    • Web: [www.SCF.edu](http://www.SCF.edu)

State College of Florida, Manatee-Sarasota does not discriminate based on sex, race, religion, age, national origin/ethnicity, color, marital status, disability, genetic information and sexual orientation in any of its educational programs, services or activities, including admission and employment. Direct inquiries regarding nondiscrimination policies to: Equity Officer, 941-752-5323, PO Box 1849, Bradenton, FL 34206

### C. One Time Payment Amount in 2021

---

If your appeal is for a One Time Payment received in 2021, please enter the amount received below. Please provide roll-over documentation regarding the one-time payment.

Source of Income	Father/Stepfather	Mother/Stepmother	Student	Spouse
Amount of One Time Payment received in 2021	\$	\$	\$	\$

### D. Student Authorization

---

\_\_\_\_\_ I understand appeals submitted without sufficient supporting documentation will be **denied without an option to**  
(initial) resubmit **an appeal**.

\_\_\_\_\_ I have reviewed my Appeal Form and supporting documents. I certify they are complete and accurate.  
(initial)

### E. Certification and Signature

---

I certify that all information provided is true and correct to the best of my knowledge. I have included all pertinent documentation and understand if my petition is incomplete, it will be denied. I further understand that all decisions are final and cannot be appealed.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Parent's Signature (If student is dependent)*

\_\_\_\_\_  
Date

- State College of Florida, Office of Financial Aid Services ● 5840 26<sup>th</sup> Street West, Bradenton, FL 34207
- (Phone) 941.752.5037 ● (Fax) 941.727.6179 ● Email: [AskFinAid@SCF.edu](mailto:AskFinAid@SCF.edu) ● Web: [www.SCF.edu](http://www.SCF.edu)

State College of Florida, Manatee-Sarasota does not discriminate based on sex, race, religion, age, national origin/ethnicity, color, marital status, disability, genetic information and sexual orientation in any of its educational programs, services or activities, including admission and employment. Direct inquiries regarding nondiscrimination policies to: Equity Officer, 941-752-5323, PO Box 1849, Bradenton, FL 34206

**FOR OFFICE USE ONLY**

**Special Circumstances Checklist**  
**Must be completed before sent for processing**

**\*\*\*If student has a 0 EFC DO NOT accept special conditions\*\*\***

- FAFSA on file
- Petition is signed and dated
- Signed statement is included
- Page 1 of request has been checked and all requirements are attached
- Requirement added to RRAAREQ as pending

**\*\*\*All documents must be included when you accept this from the student. If you accept petition that has incorrect or missing information it will be returned to you and you will be responsible for contacting the student to get the documents.**

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

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

**Decision:**

Approved

Denied

Comments: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_