STATE COLLEGE OF FLORIDA
MANATEE - SARASOTA

2026-2027
Special Circumstances Appeal

SPECL

You must complete the 2026-2027 FAFSA at **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 2026-2027 financial aid. We will act on your request for a re-evaluation only after receiving supporting documentation that 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)
☐ **Loss of Employment** Minimum 20% reduction of 2024 income	Your and/or your parent(s)' income earned in 2026 is estimated to be less than what was earned in 2024.	Your (and/or your spouse's) income earned in 2026 is estimated to be less than what was earned in 2024.	Complete copies of: • **Typed or written explanation of Special Circumstance;** • Student/Parent/Spouse's 2024 IRS Tax Transcripts • Minimum of 2 past pay stub(s) that reflect the most current monthly income or other similar documentation from all employers showing **current** year-to-date earnings for student/parent/spouse • Termination notice from previous employer; • Unemployment Award letter or statement of denial of benefits; • Unemployment should be Involuntary.
☐ **Other Loss of Income** Child Support Retirement/Military Discharge Disability payments Worker's Comp Other untaxed income	You and/or your parent(s) received benefits in 2024 that ceased or were reduced in 2025 and/or 2026.	You (and/or your spouse) received benefits in 2022 that have ceased or been reduced in 2025 and/or 2026.	Complete copies of: • **Typed or Written explanation of Special Circumstance;** • Minimum of 2 past pay stubs or other similar documentation from all employers showing **current** year-to-date earnings for student/parent/spouse; • Student/Parent/Spouse's 2024 IRS Tax Transcripts • Documentation of the termination or reduction of benefits from the benefit provider and the date of change; • DD214, Verification of taxable Social Security Benefits, if applicable, Verification of retirement benefits if applicable.
☐ **Separation or Divorce**	Your parents separated or divorced AFTER filing the FAFSA but no later than 12/31/2025.	You and your spouse separated or divorced AFTER filing the FAFSA, but no later than 12/31/2025.	Complete copies of: • **Typed or Written explanation of Special Circumstance;** • Student/Parent/Spouse's 2024 IRS Tax Transcripts; • W-2 Wage Transcripts for Parent/Spouse for 2024 • Copy of legal separation agreement, divorce decree, court documents, 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 separate residences.
☐ **Death of a Parent or Spouse**	A parent has died AFTER filing the FAFSA	Your spouse died AFTER filing the FAFSA	Complete copies of: • **Typed or Written explanation of Special Circumstance** • Student/Parent/Spouse's 2024 IRS Tax Transcripts • W-2 Wage Transcripts for Parent/Spouse for 2024 • Copy of death certificate

● State College of Florida, Office of Financial Aid Services ● 5840 26th Street West, Bradenton, FL 34207
● (Phone) 941.752.5037 ● (Fax) 941.727.6179 ● Email: AskFinAid@SCF.edu ● Web: www.SCF.edu

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☐ **One Time Payment Received**	Your parents received a one-time lump sum payment of money in 2024.	You (and your spouse) received a one-time lump sum payment of money in 2024.	Complete copies of: • **Typed or written explanation of Special Circumstance;** • Copy of 1099-R or other legal documentation, Documents; detailing One Time Payment amount, source, reason • Cannot be used for living expenses; must provide roll-over documents.

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.)	$	$	$	$
TOTAL OF ALL INCOME	$	$	$	$

C. One Time Payment Amount in 2024

If your appeal is for a one-time payment received in 2024, please enter the amount 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 2024	$	$	$	$

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 that 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

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to prison, or both.

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FOR OFFICE USE ONLY

Special Circumstances Checklist

Must be completed before sent for processing

*****If the student has a low standard SAI DO NOT accept special conditions*****

- ☐ FAFSA on file
- ☐ Petition is signed and dated
- ☐ Signed statement is included
- ☐ Page 1 of the 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 a 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: _____

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