



Office of Student Financial Aid

Student Name: _____

KSU ID# _____

You are submitting this form to appeal your financial aid award offer due to special circumstances. Please review and indicate below which special circumstance applies to you. Required documentation (listed below) based on the special circumstances must be submitted along with this form to avoid delays in our ability to make a timely determination for you.

A. Special Circumstances for Consideration

Special Circumstance	For A Dependent Student	For An Independent Student	Required Documentation
Loss of Employment	Your parent(s) earned income in 2016 will be less than that earned in 2015	You (and/or your spouse's) income earned in 2016 will be less than that earned in 2015	Attach: * 2015 Income Tax Return Transcript (ordered from IRS) * 2015 W-2 wage statements for all * Last pay stub showing year-to-date earnings * Termination notice from employer * Unemployment benefit notice
Other Loss of Income • Alimony • Child Support • Retirement/Pension • Social Security • Worker's Compensation	Your parent(s) received benefits in 2015 which have ceased or been reduced in 2016	You (and/or your spouse) received benefits in 2015 which have ceased or been reduced in 2016	Attach: * 2015 Income Tax Return Transcript (ordered from IRS) * 2015 W-2 wage statements for all * Original 2015 benefit statement showing total amount received * Revised benefit statement listing updated amount to receive and effective date
Separation or Divorce	Your parents separated or divorced AFTER filing the FAFSA	You and your spouse separated or divorced AFTER filing the FAFSA	Attach: * 2015 Income Tax Return Transcript (ordered from IRS) * 2015 W-2 wage statements for all * Divorce decree or separation agreement or proof of separate residences/addresses
Death of Parent or Spouse	A parent has died	Your spouse has died	Attach: * 2015 Income Tax Return Transcript (ordered from IRS) * 2015 W-2 wage statements for all * Applicable death certificate
Medical/Dental Expenses	Paid 2015 medical expenses by you or your parents were over 11% of AGI	Paid 2015 medical expenses by you or your spouse were over 11% of AGI	Attach: * 2015 Income Tax Return Transcript (ordered from IRS) * 2015 W-2 wage statements for all * Proof of all paid out of pocket expenses for 2015

IMPORTANT NOTES ABOUT SUBMITTING AN APPEAL DUE TO SPECIAL CIRCUMSTANCES: (1) Please be aware that if you filed your 2016-2017 FAFSA and received an EFC = Zero (0), you already received the maximum in federal aid. Submitting this appeal will not result in a change to your financial aid offer. (2) If the estimated income for 2016 is approximately the same or higher (due to receiving unemployment, severance pay, other untaxed income, etc.) than the 2015 income listed on the FAFSA, submitting this appeal will not result in a change to your financial aid offer.

Student Name: _____

KSU ID# _____

B. Projected Income and Benefits from 1/1/2016 - 12/31/2016

Before we can consider any changes, you must provide the following information including the best estimate of the changes in the financial situation for yourself and/or your parents for the period from 1/1/2016-12/31/2016. Please provide the actual amount from 1/1/2016 to present PLUS an estimate from today to 12/31/2016. IF you are listing income and benefits as "0", you must provide an explanation on a separate sheet of paper explaining living expenses and support. **If this section is not complete, your request will not be processed.**

Source of Income	Parent 1	Parent 2	Student	Student's Spouse
Wages, Tips, Salary				
Interest and/or Dividend Income				
Unemployment Compensation				
Pensions and/or Annuities				
Severance Pay				
Retirement Benefits				
Disability Benefits				
Social Security Benefits				
Child Support				
Alimony				
Other (Explain)				
Total of All Income				

C. Explanation of Special Circumstances

You must attach a signed, typed statement detailing the specifics of your circumstances and provide any pertinent information that will help us better understand your particular situation.

D. Statement of Certification

I certify that the information provided here is correct to the best of my knowledge and that I have attached all appropriate documentation. **I understand that if I fail to provide any required documentation that my request will automatically be denied.** I understand that the factors in determining a family's contribution are based on laws and guidelines by the Federal Government and the University and the guidelines are the same for all who are in similar economic situations. Furthermore, I understand that a submission of my appeal does not automatically qualify me for an increase in funds. All persons providing information must sign below. I understand that it may take up to four (4) weeks before a decision is made regarding my request.

Student's Signature Date

Student's Spouse Signature (if applicable) Date

Parent's Signature (if student is dependent) Date

E. Checklist

- Written detailed statement of circumstance
- All required documentation as indicated
- Appropriate signatures on all forms
- Student's name and KSU ID# on all documentation