SPECIAL CIRCUMSTANCE APPEAL FORM

Name: _____

SS#: _____ **Phone:** _____

Email: _____

Dear Student,

The primary responsibility for financing a student's education rests with the student and their family. Unless a student is classified as Independent for financial aid purposes by federal definition, parental income and asset information must be included in determining eligibility. Student (and parents, when applicable) contributions (together making up the Expected Family Contribution or EFC) are calculated using a Congressionally mandated needs-analysis formula. The Financial Aid Office at Antioch College recognizes this formula may not accurately reflect special circumstances for individual students and/or families.

If your situation has changed drastically from the information you provided on the Free Application for Federal Student Aid (FAFSA), and the situation falls into one of the categories listed in this form, you may submit a complete Special Circumstance Appeal and with the required documentation. Because this is often a lengthy process, please allow 1-3 weeks processing time after we receive the request.

Once a completed request is reviewed, it may result in either (1) A reduction in the base year income and/or assets, (2) The use of projected income for the current calendar year, or (3) An increase in Cost of Attendance (COA) for the current academic year.

In many cases, an adjustment does not increase the student's eligibility for gift aid (grants and scholarships that do not have to be repaid). In fact, the adjustment may only increase the student or parent's eligibility for loans, change non-need based loans to need based loans, or may not result in any increase funding.

If you wish to proceed with this Special Circumstance Appeal, please check and complete all applicable sections on pages 2, 3, and 4, sign, attach all required documents, then mail to:

Financial Aid Office
Antioch College
795 Livermore St.
Yellow Springs, OH 45387

Note: Please do not submit this form unless the form is complete and all requested documentation, signatures, and requirements have been met.

❋ **1. Reduction of income due to loss of child support, social security benefits and/or alimony.**

Name of Recipient (s)	Type of Income Reduction	Amount Received in 2004	Anticipated 2005 Amount	Type(s) of documentation attached*
TOTAL	**XXXXXXXXX**	**$**	**$**	**XXXXXXXXXX**

*****_Must include one or more of the following: Social Security statements verifying change/termination of benefits; court records; divorce/separation agreements & updates; other legal documentation or a letter of explanation._

❋ **2. Loss or reduction of household income due to death, permanent disability, and/or separation/divorce (for independent students/spouse or parents of dependent students).**

Name of Person Involved	Relationship to Student	Reason	Date

Complete for the above individual(s):

Type of Income	2004 (husband & wife together)	2004 Surviving or Custodial Spouse only
Wages, salary, tips (including severance pay, disability payments, etc.)		
Untaxed social security benefits		
AFDC		
Child Support		
Other Income: (specify)		
TOTAL FOR YEAR	**$**	**$**

Required documentation for all above situations:

- Completed and signed copy of 2004 Federal Income Tax Return for person(s) being evaluated.
- Documentation of year-to-date earnings for 2005.

For death of parent or spouse

- Photocopy of death certificate or newspaper obituary.
- Expected life insurance or death benefits to be paid in 2005.

For permanent disability:

- Documentation from physician of disability and permanent inability to work.

For separation or divorce of student or of parent of dependent student:

- Copy of separation/divorce agreement (original and all updates).

❋ **3. Reduction of income due to one time income (examples: moving allowance, back year social security payments, IRA/pension distribution, sale of primary residents, etc.)**

	2004	2005
AGI		
Wages, salaries, tips		
One time income (specify)		**XXXXXXXXXXXXX**
TOTAL	$	$

Required documentation:

- Completed and signed copy of 2004 Federal Tax Return for person(s) being evaluated.
- Documentation of type, date, and verification of one time nature of income involved.
- Letter/statement of explanation.

❋ **4. Unusual Medical and Dental Expenses paid in 2004 and not subject to reimbursement by insurance (Independent Students/spouses or parent of Dependent Student).**

2004 AGI: $	**X 5% = $**	**XXXXXXXXXXXXXXXXX**
Total 2004 health insurance premiums paid		**$**
Total 2004 medical expenses paid (not covered by insurance).		**$**
Total 2004 pharmaceutical paid (not covered by insurance).		**$**
Total 2004 dental paid (not covered by insurance).		**$**
Total 2004 medical expenses paid--TOTAL (proceed with this appeal request if this total exceeds 5% of your 2004 AGI above).		**$**

Required Documentation:

- Completed and signed copy of 2004 Federal Income Tax Return for person(s) being evaluated.
- Itemized statement of all bills included in calculation from tax return or photocopy of records from doctors, dentists, hospitals, insurance carrier, pharmacy, etc.
- Documentation that these costs have not been and will not be covered by insurance.

❋ **5. Reduction of earned income of greater than OR equal to 2004 earnings of student, spouse, or parent of dependent student. *Totals from worksheet below:**

Name of Person(s) Involved	Relationship to Student	Reason for Income Reduction	Date of Income Change	Total Income 2004	Total anticipated income 2005
(1)					
(2)					
(3)					

2004 Total Income (Taxed & Untaxed)	Person (1)	Person (2)	Person (3)
Wages, salaries, tips (incl. Unemployment, severance, disability and all income earned from work).			
Other taxable Income: (specify)			
Retirement			
Untaxed Social Security Benefits			
AFDC/ADC			
Child Support for all children			
Other Untaxed Income**			
TOTAL 2004 Income*			

2005 Anticipated Income (Taxed & Untaxed)	Person (1)	Person (2)	Person (3)
Wages, salaries, tips (incl. Unemployment, severance, disability and all income earned from work).			
Other taxable Income: (specify)			
Retirement			
Untaxed Social Security Benefits			
AFDC/ADC			
Child Support for all children			
Other Untaxed Income**			
TOTAL 2005 Income*			

***Other untaxed income includes: payments to tax deferred pension and savings plan (e.g., 401K, 403B, etc.) worker's compensation, veteran's non-educational benefits, housing, food and other living allowances paid to members of clergy, military, money given or bills paid on your behalf not reported above.*

Required documentation:

- Completed and signed copy of 2004 Federal Income Tax Return for person(s) being evaluated.
- 2004 W-2's and 1099's.
- 2005 Year-to-date earnings from all employers, as of August or current date.
- Documentation of 2005 income; pay stubs, statement from employer reflecting projected 2005 income, signed statement from involved person(s) certifying other anticipated 2005 income otherwise not documented and the intent to not earn in excess of that amount.

❀ 6. Expenses required for a Special Needs Child or Dependent Adult (e.g., private school, special services, equipment, etc.) not covered by other sources.

Name of Family Member	Age	Relationship to Student	Total expenses in 2005
			$
			$

Required documentation:

- For private school—a statement from professional that this is a required or recommended expense.
- Signed statement including:
  - Explanation of nature of need and types of services, etc.
  - List of expenses included in total above.

❋ **7. Family hardship due to natural disaster (including fire, hurricane, tornado, flood, etc.).**
(Also complete section 5, Reduction of Earned Income, if applicable).

Required documentation:

- Signed statement explaining type and date(s) of disaster, financial impact on your family (including a total dollar loss) and certifying that the amount of loss indicated has not been and will not be covered by insurance, FEMA, or any other source.
- Completed and signed copy of 2004 Federal Tax Return for person(s) involved.

Special Condition Appeal Checklist

❋ All applicable sections on page 1-4 complete.

❋ Sign certification below.

❋ All documentation enclosed.

Certification

I certify that I have read all enclosed information and understand the following:

1) All documentation has been provided.
2) The Financial Aid Office will review this appeal. I will contact them directly if I have any questions or concerns.
3) I will receive a written acknowledgment of a decision, allowing 1-3 weeks for processing.

I certify that the information provided on this form and accompanying documentation is true and correct to the best of my knowledge and belief. I agree, if requested, I will provide documentation to support the information provided with this request, after the end of the current calendar year. I understand that underestimating projected income could result in reduced eligibility, repayment of aid, or both, in the current or next academic year.

Student's Signature/Date

Spouse's Signature/Date (if applicable)

Father's Signature/Date (if applicable)

Mother's Signature/Date (if applicable)

Revised: 2/2005