



2019-2020



## Special Circumstances Appeal

You must complete the 2019-2020 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

**Please Note:**

- To enhance the chances of approval, and in a timely manner, please read thoroughly and provide all required documents pertaining to your type of appeal at the same time.

SPECIAL CONDITION (Please check one)	Dependent Student	Independent Student	REQUIRED DOCUMENTATION (ALL DOCUMENTS MUST BE SIGNED)
<b>A.</b> <input type="checkbox"/> <b>Loss of Employment</b> (Minimum 20% reduction of 2017 income – must be documented for a minimum of 10 weeks) <b>Must be Involuntary</b>	You and/or your parent(s)' income earned in 2019 will be less than what was earned in 2017.	You (and/or your spouse's) income earned in 2019 will be less than what was earned in 2017.	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 2017 &amp; 2018 IRS Tax Transcripts</li> <li>• W-2 Wage Transcripts for Student/Parent/Spouse for 17/18</li> <li>• Last pay stub(s) that reflects 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 employer</li> <li>• Unemployment Award letter or statement of denial of benefits</li> <li>• Unemployment must be Involuntary</li> </ul>
<b>B.</b> <input type="checkbox"/> <b>Separation or Divorce</b>	Your parents separated or divorced AFTER filing the FAFSA but no later than 12/31/2018.	You and your spouse separated or divorced AFTER filing the FAFSA but no later than 12/31/2018.	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 2017 &amp; 2018 IRS Tax Transcripts</li> <li>• W-2 Wage Transcripts for Student/Parent/Spouse for 17/18</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>
<b>C.</b> <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 2017 &amp; 2018 IRS Tax Transcripts</li> <li>• W-2 Wage Transcripts for student/Parent/Spouse for 2017 &amp; 2018</li> <li>• Copy of death certificate</li> </ul>
<b>D.</b> <input type="checkbox"/> <b>One Time Payment Received</b>	Your parents received a one- time lump sum payment of monies in 2017.	You (and your spouse) received a one-time lump sum payment of monies in 2017.	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 2017 &amp; 2018 IRS Tax Transcripts</li> <li>• W-2 Wage Transcripts for Student/Parent/Spouse for 2018</li> <li>• Documents detailing One Time Payment amount, source, reason</li> <li>• Cannot be used for living expenses, must provide roll-over documents</li> </ul>
<b>E.</b> <input type="checkbox"/> <b>Other</b> * Private elementary/ secondary tuition for siblings/dependents  * Child or elderly daycare expenses  * Extenuating medical bills not covered by insurance  * Reduction/loss in income	-Addt'l private school tuition. -Addt'l daycare expenses. -Extenuating medical expenses. -Parents earned less in 2018 than they did in 2017. -Parents received benefits in 2017 that have ceased in 2019.	- Addt'l private school tuition for dependents. - Addt'l daycare expenses for dependents. - Extenuating medical expenses. -You/spouse earned less in 2018 than you did in 2017 -You/spouse received benefits in 2017 that have ceased in 2019.	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 2017 &amp; 2018 IRS Tax Transcripts</li> <li>• Bills of the tuition or daycare for the full year</li> <li>• Receipts of the medical bills paid.</li> <li>• W-2 Wage Transcripts for student/parent/spouse for 2017 &amp; 2018, if applicable.</li> <li>• Documentation of the termination or reduction of benefits from benefit provider and the date of change, if applicable.</li> </ul>

**A. Student Information**

			P000
Last Name	First Name	M.I.	Student ID #
Mailing Address (Including City, State and Zip)		Phone	

**B. Projected Income and Benefits Information for 2019 (to be completed for special condition A)**

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	\$	\$	\$	\$
<b>TOTAL OF ALL INCOME</b>	\$	\$	\$	\$

- Ave Maria University, Office of Financial Aid
- 5050 Ave Maria Blvd. Ave Maria, Fl. 34142
- (Phone) 239-280-1669 ● (Fax) 239-280-2559 ● Email: [AMUfinancialaid@avemaria.edu](mailto:AMUfinancialaid@avemaria.edu) ● Web: [www.AMU.edu](http://www.AMU.edu)

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**C. One Time Payment Amount in 2017**

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If your appeal is for a One Time Payment received in 2017, please enter the amount received below. Please provide roll-over documentation regarding the one-time payment.

Source of Income	Father/Step Father	Mother/Step Mother	Student	Spouse
Amount of One Time Payment received in 2017	\$	\$	\$	\$

**D. Family Information**

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List all family members that are part of your household in 2019-2020. List the name of the college for any member who will attend college at least half-time between 07-01-2019 and 06-30-2020. Attach a separate sheet if necessary.

Full Name	Age	Relationship	Name of College
		<i>Self</i>	<i>Ave Maria University</i>

**E. Student Authorization**

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

**F. Certification and Signature**

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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

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**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: \_\_\_\_\_