

**2019-2020 Special Consideration Appeal Form**

Student's Name: \_\_\_\_\_ Student ID (R#): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

You must have a 2019-2020 Free Application for Federal Student Aid (FAFSA) on file at Rhodes State College to appeal your FAFSA information. **Please follow each step below. All requested documentation must be received, along with this signed form, before a review will occur.**

**STEP 1 - Check the reason(s)** you are requesting to appeal your FAFSA information. **Be sure to include all documents requested.**

- Loss of income from work.** (Layoff, termination, or reduction of hours):
  - o Documentation from former employer confirming loss of income and date of separation.
  - o Copy of last 3 months of pay stubs or W-2 from previous job, showing year to date earnings.
  - o Copy of most recent pay stubs from current job for the last 3 months (if applicable).
- Divorce/Separation** (after completion of the FAFSA):
  - o Documentation showing date of divorce or separation
    - o Legal divorce papers (can be a draft, if not finalized).
    - o Proof of separate residences if separated (utility bills, rental agreements, etc).
  - o Monthly child support you will receive in 2019.
  - o Assets you will receive in 2019 based upon divorce decree
- Loss of Unemployment Benefits:**
  - o Letter from unemployment office stating start/end dates and benefit amounts.
- Loss of Social Security Benefits:**
  - o Letter from the Social Security Administration stating start/end dates and benefit amount.
- Loss of Child Support:**
  - o A letter or court document stating the start/end dates and amount.
- Loss of Workers Compensation Benefits:**
  - o Letter from Bureau of Workers Compensation stating start/end dates and benefit amount.
- Medical and/or Dental Expenses:** (Exceeding 10% of your household income).
  - o Attach verification of amount paid that was not covered by insurance.
- Death of Parent or Spouse:**
  - o Copy of death certificate or obituary.
- Other:** \_\_\_\_\_
  - o Attach a detailed letter and supporting documentation to support the circumstance.

**STEP 2 - SUBMIT a typed, signed letter.** The letter must explain your situation, in detail and the date your income was reduced. Include your name and student ID number (R#) in the signature line.

**STEP 3 - ATTACH all verification documents.** These include the following:

- o A Dependent or Independent Verification Worksheet and all required documents requested by that worksheet
- o 2017 IRS Tax Return Transcripts and copies of all 2017 W-2's. (Dependent students will need an IRS Tax Return Transcript for their parent. Married students will need an IRS Tax Return Transcript for their spouse, if taxes were not filed jointly).
- o After April 15, 2019 - you will also need to include your 2018 tax return transcript and 2018 W-2's with your 2017 tax information.

**STEP 4 – SIGN** (if a dependent student, the student and one parent must sign below)

**Your signature on this document confirms your acknowledgement of the following:**

- o The information submitted for review is true and correct to the best of your knowledge.
- o You have read each section and have provided the required documentation needed.
- o Changes resulting from this review do not guarantee an increase in aid.
- o Additional documentation may be requested upon request of the processor.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if dependent): \_\_\_\_\_ Date: \_\_\_\_\_