

APPEAL FOR REVIEW OF SPECIAL CIRCUMSTANCES
Independent Student Form
2020-2021 School Year

Student Name _____ ID Number _____

Address _____
City, State _____ Zip Code _____

Telephone Number: _____ E-mail Address: _____

The MATC Financial Aid Department recognizes that our students may have extenuating circumstances that affect their financial situation. If you believe the Free Application for Federal Student Aid (FAFSA) does not reflect an accurate financial picture, you may submit this request to have your FAFSA reviewed. The following are examples of extenuating circumstances:

- loss or reduction of family income,
- divorce or separation from spouse,
- recent death of spouse,
- unusual medical and dental expenses (paid out-of-pocket),
- elementary and secondary school costs for dependent(s),
- child-care and dependent-care costs, etc.

A. What is needed to start review:

- Must have submitted the 2020-2021 FAFSA and received by MATC's Financial Aid Office. This can be done online at www.fafsa.gov
- This completed form. **NOTE:** this form and all required documentation must be submitted and reviewed before the last day of classes for the current semester.
- If you did not utilize the IRS Data Retrieval Tool when completing the FAFSA, include a copy of your 2018 Tax Transcripts and W-2 forms. If filed separately, please include a copy of your spouse's also.
- A signed and dated statement detailing the circumstance(s) that lead to this request, and any supporting documentation for yours or your family's financial situation. Be specific – provide dates and clearly identify the person to whom the narrative refers.

B. Complete the section of the form that applies to you: Each section will describe the type of documentation that will be required in addition to what is listed in the "What is needed to start review" section. **NOTE:** There may be additional documentation that is needed after we review your initial documents submitted.

Reduced Income:

1. Change in marital status- including divorce/separation and loss of spouse

Required Documentation: Copy of separation order or divorce decree (if no legal document is available, provide proof of separate residence such as lease(s), mortgage(s), utility bill(s), etc.), or a copy of death certificate/obituary for loss of spouse.

Please circle one of the following: Separated Divorced Widowed

Date marital status changed: _____
MM/DD/YY

2A. Significant income change between 2018 taxes and 2019 taxes

Required Documentation: Copies of 2019 tax return transcripts and 2019 W-2s.

Which family member's income changed between 2018 and 2019.

____ Student

____ Spouse

2B. Significant change in income between 2018 taxed and projected year 2020 income

Required Documentation: Copies of 2019 tax return transcripts and 2019 W-2s, a copy of the last two most recent pay stubs for all jobs worked in 2020, and any other income documentation from 2020.

____ Student

____ Spouse

Additional Expenses:

3. Paid out-of-pocket medical or dental expenses

Required Documentation: Schedule A or itemized spreadsheet that totals expenses, along with documentation supporting listed expenses not covered by insurance, Health Savings Account, or Flexible Spending Account. Tax returns or tax return transcripts for the year that the medical expense occurred.

4. Private tuition that parent(s) paid for a sibling

Required Documentation: Proof of payments, such as a detailed statement of accounts from that elementary and secondary school (preferred on their letter head).

5. Other –

Required Documentation: Please explain in a signed and dated statement detailing the circumstances that is leading to this request and submit any documentation supporting those circumstances.

Upon receipt of all required documentation, appeals will be reviewed by the Financial Aid Office to determine if the circumstances comply with the Department of Education's regulations governing special circumstances appeals. During peak processing times, please allow 4 - 6 weeks for processing.

By signing this form,

- I give permission to the Financial Aid Office to verify any information that I provide on this form. I understand that this verification may include a request for my tax documents and additional documentation if needed.
- I certify that all of the information provided on this form is correct to the best of my knowledge.
- I understand that if I purposely give false or misleading information on this form, I am liable for cancellation or repayment of all or part of my financial aid.
- I understand that reporting a Special Circumstance **does not guarantee** a recalculation of my EFC and/or an increase in financial aid funding.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____