

Financial Aid and Scholarships
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2018-2019 Special Circumstance Appeal

For a Review of Parental or Student Contribution

Deadline to Submit this Form and Documents: December 15, 2018

Student's Name: _____ Student ID: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Graduate and Professional Students:

Special Circumstances will be funded with loan(s) only. Special Circumstances may not be used to gain additional eligibility for Work-Study.

INSTRUCTIONS:

- Submit a detailed, written statement explaining the reason(s) for the parent's and/or student's change of income in 2018 versus 2016, including specific dates of change.
- Submit a signed 2017 Federal tax return for parent and/or student. Include all Schedules, W-2s and/or 1099s.
- Submit all applicable attachments listed below.

Did you file a GPA Verification Form for Cal Grant as a *new* applicant? Yes No

THE TYPES OF SITUATIONS THAT WARRANT REVIEW ARE LIMITED TO:

1. Loss of Income/Resources (Layoff/Unemployment, Disability, Retirement, Death, Divorce/Separation, Child or Spousal Support)

Documentation Required:

- Anticipated income for the remaining months of 2018
- Three (3) most current pay stubs from each job held between January and December 2018
- Complete 2017 tax return and 2017 W-2(s)
- If laid off, letter of termination from employer and copy of final pay stub
- Notice of unemployment insurance award
- Disability benefits eligibility letter
- Retirement benefits statement
- Death Certificate
- Any information about income from death (i.e., life insurance, death benefits, pension plans)
- Divorce decree or statement of separation
- Agency verification of loss or reduction of benefits
- Court/legal documentation (child/spousal support) verifying date support ends

2. Out-of-Pocket Medical Costs Not Covered By Insurance (Paid by Parents or Student between January and December 2018.

Expenses must not exceed medical expenses as allowed by financial aid regulations)

Please use the [Itemized Out-of-Pocket Medical Expenses Form](#) to help you organize and document your expenses.

Documentation Required:

- Receipts, billing statements from medical provider(s)
- Itemized statement from insurance company documenting costs not covered by insurance

3. Family Member Information (Changes on the Number of Family Members for Whom You or Your Parents Provide More than 50% Support)

Documentation Required:

- Provide a detailed statement explaining the reason for the change
- List names, ages, relationships, and number in college

Student ID#: _____

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Estimated Calendar Year Income between January and December 2018:

Provide information *only* for the person(s) who is/are documenting the change in income. *List total estimated income for 2018.*

ALL 2018 INCOME (JANUARY-DECEMBER)	STUDENT	STUDENT'S SPOUSE	PARENT 1	PARENT 2
Income From Work:	\$	\$	\$	\$
OTHER TAXABLE INCOME				
Unemployment, Disability, Pension, Workers Comp:	\$	\$	\$	\$
Business Income, Rental Property:	\$	\$	\$	\$
Alimony or Other Taxable Income: (Specify) _____	\$	\$	\$	\$
OTHER UNTAXED INCOME				
Unemployment:	\$	\$	\$	\$
Child Support or Other Untaxed Income: (Specify) _____	\$	\$	\$	\$
TOTAL OF ALL 2018 INCOME:	\$	\$	\$	\$
Any changes to your current financial aid awards will be contingent on the type of funds available and eligibility policies, guidelines, and regulations.				

I/We certify that the information above is true and correct to the best of my/our knowledge and belief. I/We understand that I/We are applying for an exception to the standardized formula. If you are considered an Independent student, parent signature is not required.

Student's Signature

Date

Parent's Signature

Date