



Student Last Name	Student First Name	Student ID Number

Sections I, II, & III of this form must be completed in full and submitted simultaneously with all required documentation. Your appeal will be reviewed only when all required documentation has been received.

SECTION I: REASON FOR REQUEST

Select the option below that best pertains to your appeal. Refer to the Special Circumstance Appeal Checklist for all supplemental documentation needed for each option.

Dependent Student

- My parent(s) who worked in 2018 has lost their job.
 Date Unemployment Began: _____
 Number of Weeks Worked in 2019: _____
 Number of Weeks Worked in 2020: _____

- My parent(s) completely lost a source of income or a benefit that was received in 2018. The income or benefit was from a public or private agency, company, or person due to a court order. Eligible income or benefits include items such as: alimony, child support, retirement/pension, social security, worker's compensation, etc.
 Date Income or Benefit ceased: _____
 Income or Benefit amount \$ _____

Independent Student

- My spouse and/or I who worked in 2018 have lost our job for at least 10 weeks.
 Date Unemployment Began: _____
 Number of Weeks Worked in 2019: _____
 Number of Weeks Worked in 2020: _____

- My spouse and/or I have completely lost a source of income or a benefit that was received in 2018. The income or benefit must be from a public or private agency, company, or person due to a court order. Eligible income or benefits include items such as: alimony, child support, retirement/pension, social security (taxed), worker's compensation, etc.
 Date Income/Benefit Ceased: _____
 Income or Benefit amount \$ _____



SECTION II: 2020 INCOME FROM EARNINGS & BENEFITS

This section estimates the income that will be earned by the household members through employment in 2020 as well as any other income sources. Estimate the amounts you expect to receive between **January 1, 2020 and December 31, 2020**. Do not leave any sections in the table below blank, if a field does not pertain to you, indicate N/A.

STUDENT AND/OR SPOUSE	BENEFIT/INCOME	PARENT(S)
Amount Expected in 2020		Amount Expected in 2020
\$ _____ \$ _____ \$ _____	Employment: (list employers) • _____ • _____ • _____	\$ _____ \$ _____ \$ _____
\$ _____	Pensions/Annuities	\$ _____
\$ _____	Unemployment Compensation	\$ _____
\$ _____	Social Security Benefits	\$ _____
\$ _____	Child Support/Alimony	\$ _____
\$ _____	Retirement or Disability Benefits	\$ _____
\$ _____	Aid To Aged, Blind and Disabled	\$ _____
\$ _____	Aid to Families with Dependent Children (ADC/AFDC or TANF)	\$ _____
\$ _____	Worker's Compensation	\$ _____
\$ _____	Veteran's Benefits (non-educational)	\$ _____
\$ _____	Other:	\$ _____
\$ _____	2020 Total Expected Earnings/Benefits	\$ _____

SECTION III: CERTIFICATION & SIGNATURE

All of the information on this form is true and complete to the best of my knowledge. I agree to provide verification of the information I have given on this form.

Student's signature (Required) _____	Parent's signature (Required, if applicable) _____
Date _____	Date _____