

# MCDANIEL COLLEGE

## FINANCIAL AID OFFICE

### Special Circumstances Appeal

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**Student ID#\***

\*for new students, the Student ID# can be found on the Financial Aid Award Letter

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**Academic Year**

\*i.e. 2019-2020, 2020-2021

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**Student Name (Last Name, First Name)**

#### Situations that will not be considered include:

- voluntary private secondary education tuition
- car payments/insurance
- personal bankruptcy
- loss of home equity
- unemployment of less than 4 month
- liquidation of 401K accounts
- consumer debt
- inability to make TMS payments owed to McDaniel

The Special Circumstances Appeal form allows you to explain changes in your family's current financial situation to differ from the income reported on your most recent FAFSA. This financial situation may be due to loss of a job, separation, divorce, death, disability, unusual medication expenses, or other circumstances. If your family has experienced a prolonged and significant decline in family income, you may be eligible for additional financial aid funds for the current academic year.

The Committee will **not** consider consumer debt (e.g., auto loans, credit card payments, foreclosure, bankruptcy) as a condition for consideration. If your appeal is approved, your eligibility for federal and/or institutional financial aid will be reevaluated. Submission of this form does not guarantee a change in your financial aid eligibility or award(s). The decision of the Financial Aid Director is **final** and cannot be appealed to the Department of Education.

#### Important!

**All applications MUST include the following.** Incomplete appeals **will not** be considered.

1. A fully completed and signed **Special Circumstances Appeal Form**. A reason for appeal **must** be selected.
2. A signed copy of the 2 **most recent Federal IRS Tax Returns** (IRS 1040, 1040A, etc)
3. **Most recent W-2** Earning Statement(s)
4. **Typed** letter of circumstances
5. **Additional documentation required** based on your reason for appeal. Please refer to **Reason for Appeal chart** for specific documents required

**Fully completed Special Circumstances Appeal must be submitted by September 15 th.**

**(New Spring Admits must submit fully completed Special Circumstances Appeals by February 15 th)**

*\*Change of circumstances that occur after the beginning of the semester will be reviewed on a case-by-case basis.*

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## Special Circumstances Appeal

Student ID# \_\_\_\_\_

Academic Year \_\_\_\_\_

Student Name (Last Name, First Name) \_\_\_\_\_

### I. REASON FOR APPEAL (PLEASE SELECT THE BOX(S) THAT BEST DESCRIBE YOUR CIRCUMSTANCES)

Select One	Reason for Appeal	Please provide the following documents. If documents are not available, please provide a detailed explanation.
	<p><b>1. LOSS OF EMPLOYMENT/REDUCTION IN WAGES IS PROJECTED TO BE LOWER IN THE CURRENT YEAR</b></p> <p><b>Who experienced a loss of/change in income?</b>  <input type="checkbox"/> Father/Step Father    <input type="checkbox"/> Mother/Step Mother  <input type="checkbox"/> Self    <input type="checkbox"/> Your Spouse (if married)</p> <p><b>When did this occur?</b> _____</p>	<input type="checkbox"/> Copy of most recent year to date pay stub(s) <input type="checkbox"/> Signed and dated letter (on company letterhead) from employer listing last day of employment <input type="checkbox"/> A statement of severance payments and benefits from your employer (if applicable). <input type="checkbox"/> A statement detailing unemployment benefits (if applicable) <input type="checkbox"/> If Self-employed, please provide a letter from your CPA or tax preparer to confirm your loss of business income. <input type="checkbox"/> Estimated Income form.
	<p><b>2. LOSS OF BENEFIT/NON WORK RELATED INCOME</b> (child support, alimony, etc.)</p> <p><b>Person receiving the benefit</b>    <input type="checkbox"/> Parent    <input type="checkbox"/> Student</p> <p><b>Type of Benefits Received</b> _____</p> <p><b>Date of Change</b> _____</p> <p><b>Amount Received from Jan. 1st to present \$</b> _____</p> <p><b>Amount Expected to Receive from present to Dec. 31, \$</b> _____</p>	<input type="checkbox"/> Any appropriate documentation of termination of benefits/support/income (ex. court documents)  <p><b>*There is no need to complete estimated income form*</b></p>
	<p><b>3. ONE TIME INCOME RECEIVED</b> (for example – early distribution from IRA account).</p>	<input type="checkbox"/> Documentation of one-time income <input type="checkbox"/> Verification of use of funds. Payments toward consumer debt will not be considered.  <p><b>*There is no need to complete estimated income form*</b></p>
	<p><b>4. PARENT'S SEPARATION/DIVORCE AFTER FAFSA FILED</b> <i>(parties living in the same household will not be considered)</i></p> <p><b>Date of Separation/Divorce</b> _____</p> <p><b>Which parent does student live with? (Select One)</b>  <input type="checkbox"/> Mother    <input type="checkbox"/> Father</p>	<input type="checkbox"/> Copy of separation agreement, divorce decree or substantial evidence (mortgage/lease/utility bills) proving parents live in separate residences <input type="checkbox"/> <b>If taxes filed jointly a supplemental statement must be included showing how much income is attributable to each person.</b>  <p><b>*There is no need to complete estimated income form*</b></p>

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Student ID# \_\_\_\_\_ Academic Year \_\_\_\_\_ Student Name (Last Name, First Name) \_\_\_\_\_

<p><b>5. DEATH OF A PARENT OF PARENT/SPOUSE AFTER FAFSA WAS FILED</b></p> <p>Date of Death _____</p> <p><input type="checkbox"/> Mother/Step <input type="checkbox"/> Father/Step <input type="checkbox"/> Spouse</p> <p>Was this person listed on the FAFSA? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Copy of death certificate</p> <p><b>*There is no need to complete estimated income form*</b></p>
<p><b>6. OTHER EXTENUATING CIRCUMSTANCE</b></p>	<p><input type="checkbox"/> Submit any relevant and supporting Documentation</p> <p><b>*There is no need to complete estimated income form*</b></p>

**II. Estimated Income – Required if your total current income will be lower than the income reported on your FAFSA**

- Complete both tables. **Report only the income of the impacted person before exemptions, adjustments, and deductions.** For example, if the father’s income declined, only report estimated income for the father.
- All income/benefits that you or your parents/spouse expect to **receive from January 1st-December 31st.**
- Complete all items. **If an item doesn’t apply, you must enter “0”**

Estimated Income for January 1 - December 31 (of the current year)			
Sources of Taxable Income	Dependent Students	Father	Mother
	Independent Students	Student	Spouse
Gross earnings from work (Wages, Salaries, Tips)		\$	\$
Severance pay		\$	\$
Gross unemployment compensation		\$	\$
Business or farm income		\$	\$
Interest, dividends and capital gains income		\$	\$
Rental income		\$	\$
Farm/ranch net income		\$	\$
Taxable pension and/or annuity income		\$	\$
IRA/Retirement account withdrawals		\$	\$
Taxable Social Security benefits/disability		\$	\$
Spousal maintenance/Alimony received		\$	\$
Any other taxable income		\$	\$
<b>Total Estimated Taxed Income</b>		<b>\$</b>	<b>\$</b>

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Student ID# \_\_\_\_\_

Academic Year \_\_\_\_\_

Student Name \_\_\_\_\_

(Last Name, First Name)

Sources of Untaxable Income	Dependent Students	Father	Mother
	Independent Students	Student	Spouse
Child support received for all children in the household		\$	\$
Payments to tax-deferred pension and savings plans		\$	\$
IRA deductions & payments to SEP, SIMPLE, Keogh		\$	\$
Tax exempt interest income		\$	\$
Untaxed portions of IRA distributions or pensions		\$	\$
Any other untaxed income and benefits such as Workers Compensation, disability, etc.		\$	\$
Housing, food and other living expenses paid to you		\$	\$
Veterans non-education benefits, such as disability, death pension, or dependency and indemnity compensation		\$	\$
Other untaxed income		\$	\$
<b>Total Estimated Untaxed Income</b>		<b>\$</b>	<b>\$</b>

### III. Asset Information

Please report **NET ANNUAL** amount (**total value minus total debt**) as of **today's date**. If an item does not apply to you and/or your spouse (if married) or your parent(s) (if dependent), please write "N/A" for amounts.

**Example:** If your summer home is currently valued at \$340,000 and \$45,000 is still owed on it, the NET value is \$295,000.

**Note: DO NOT include value of life insurance and retirement plans (i.e. 401K, pension, annuities, etc.)**

Type of Asset	Student/Spouse (if married) Amount: As of the date of this form	Parent(s)/Step-Parent (if dependent) Amount: As of the date of this form
Cash, Savings, and Checking. Do not include financial aid.		
Coverdell and 529 College Savings Plans (if <i>DEPENDENT</i> list value under parent, if <i>INDEPENDENT</i> list value under student)		
Second Home/Summer Home/Rental Property ( <i>NOT your primary residence</i> )		
Money market funds, mutual funds, & certificate of deposit		
Stocks, bonds, & other securities		
Business value/debt (include market value of land, buildings, machinery, equipment, inventories, etc. /Include mortgage and related liens or debt where the business was used as collateral.) <b>Do not include:</b> the value of a small business that you and/or parents own and control that has 100 or fewer full-time or full-time equivalent employees.		
Investment Farm ( <i>DO NOT include a family farm if it is the principle place of residence AND you materially participate in its operation as claimed on Schedule F on the federal tax return.</i> )		

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\_\_\_\_\_  
Student ID

\_\_\_\_\_  
Academic Year

\_\_\_\_\_  
Student Name (Last Name, First Name)

<p>If you have assets on a Schedule E, please list their <b>total NET value and attach</b> Schedule E/K/K-1 of your 1040 (i.e. estates, royalties, partnerships, S corporations, trusts).</p> <p><b>S Corporation</b> – If the S Corporation has been formed for a family-owned business with fewer than 100 employees, then there is no need to include an asset value for the S Corporation. If the S Corporation is NOT for a family business as described above, then please provide the asset value of the student’s or parent’s (if the student is dependent) share of the S corporation.</p>		
<p>Land and/or installment sale contracts (<i>mortgages held on which you RECEIVE payment</i>)</p>		
<p>Other titled assets not listed above, commodities, precious &amp; strategic metals</p>		

#### IV. Certification

#### BEFORE SUBMITTING, PLEASE CERTIFY THAT THE REQUIRED DOCUMENTS ARE INCLUDED:

- Fully Completed and Signed Special Circumstances Appeal Form
- ALL** supporting documents listed with the Reason for Appeal

In signing this form, I certify that I understand the following:

- The decision of the Special Circumstances committee is **final**; there is no appeal process to the Department of Education.
- Incomplete appeals will not be reviewed.
- This request for re-evaluation neither guarantees any adjustment to your financial aid award nor does it prevent the accrual of late fees on past due student account balances. For more information on financing options that may be available to your family to address any current unpaid account balances, please contact the Financial Aid Office.
- Due to the complexity of Special Circumstance Appeals, please allow 3-4 weeks for processing once a complete appeal package has been submitted.

**Certification:** I certify that the information on my most recent FAFSA is accurate and that the information I submit in this appeal is true and complete to the best of my knowledge. We cannot accept digital signatures. This form must be printed and signed by hand.

\_\_\_\_\_  
Student Signature (handwritten, not typed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if dependent, handwritten, not typed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Phone Number