



2016-2017 Appeal Form for Special Circumstance

Sometimes the Free Application for Federal Student Aid (FAFSA) does not adequately reflect a family's financial situation due to extenuating circumstances. Nichols College is given authority by Congress to make adjustments to information submitted on the FAFSA form on a case-by-case basis if we believe such adjustments are warranted. Listed below are situations in which we may consider making adjustments.

In order to assess your situation, you must:

- ✓ Complete all pages of this form in its entirety and submit with all required documentation
- ✓ Complete the verification worksheet
- ✓ Complete the IRS Data Retrieval Process with your submitted FAFSA (If unable to complete process, must attach copies of 2015 Tax Return Transcript(s) from the IRS and W-2's)

Student Name: _____ **ID** _____

Please check which Special Circumstance(s) apply to you. Any documentation listed as required but not submitted will cause a delay in reviewing your request. If you cannot check one of the boxes below, do not continue filling out this form and contact the Financial Aid Office for assistance.

A. Special Circumstance		Required Documentation
<input type="checkbox"/> Loss of Employment Date of Loss: _____	Your parent's expected income in 2016 will be less than their earned 2015 income	1. Last Paystub showing year-to-date earnings 2. Statement of Unemployment Benefits 3. Completion of Expected 2016 income chart on Page 2
Loss of Taxable/Untaxed Income <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Workers Compensation Date of Loss: _____	Your parent's received benefit(s) in 2015 which ceased or have been reduced in 2015.	1. Documentation verifying effective date of loss 2. Completion of Expected 2016 income chart on Page 2
<input type="checkbox"/> Separation or Divorce Date of Separation/Divorce: _____	Your parents have separated or divorced AFTER filing the FAFSA	1. Legal separation papers, divorce decree or letter from attorney 2. Documentation of any child support/alimony to be received per month 3. Completion of Expected 2016 income chart on Page 2
<input type="checkbox"/> Death of a Parent/Spouse Date of Death: _____	A parent or spouse has died AFTER filing the FAFSA	1. Copy of Death Certificate 2. Completion of Expected 2016 income chart on Page 2
<input type="checkbox"/> One Time Income	Your parent received a one-time income in 2015. May include a pension or IRA distribution, inheritance or bonus.	1. Documentation supporting one-time income. Detail amount in section D 2. Explanation of why one-time income is not available for educational purposes.
<input type="checkbox"/> Medical/Dental Expenses	Your parent's out-of-pocket medical/dental expenses in 2015 exceeded 11% of their Adjusted Gross Income.	1. Copy of Schedule A from 2015 Federal Tax Return 2. Documentation of unreimbursed expense that were paid in 2015.
<input type="checkbox"/> Elementary/Secondary Tuition Payments	Your parent will pay tuition for your sibling(s) enrolled in a private elementary or secondary school for 2016-2017.	1. Copy of 2016-2017 tuition bill(s) for each sibling enrolled. (Only out-of-pocket expenses will be considered)

B. Explanation of Special Circumstances

You must attach a written statement detailing the specifics of your circumstances and provide any pertinent information that will help us better understand your particular situation.

C. Projected Income and Benefits

You are required to provide your received and/or expected income for all categories listed below. If no income is received and/or expected for a category, use "0" or "N/A" - do not leave any blanks. In addition to the required documentation listed on page 1, you must submit proof of all income figures provided below (e.g., for wages, supply a copy of your most recent pay stub).

Source of Income	Father/Step Father	Mother/Step Mother	Student	Student's Spouse
Wages, Tips, Salary				
Interest and/or Dividend Income				
Worker's Compensation				
Pensions and/or Annuities				
Severance Pay				
Retirement Benefits				
Disability Benefits				
Social Security Benefits (taxable)				
Child Support				
Alimony				
Welfare Benefits				
Unemployment Benefits				
Other: _____				
TOTAL OF ALL INCOME:				

D. One Time Income Amount

Source of Income	Father/Step Father	Mother/Step Mother	Student	Student's Spouse
Amount of One time Income received in 2015				

E. Statement of Certification

All of the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide further documentation to substantiate the information provided. I understand that all special circumstances are reviewed on a case-by-case basis and this written request may not ultimately result in actual change in financial aid.

Student Signature

Date

Parent Signature (dependent students)/Spouse Signature

Date

