



2023-2024 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 2021 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.

Table with 3 columns: Special Circumstance, Required Documentation, and Required Documentation. Rows include Loss of Employment, Loss of Taxable/Untaxed Income, Separation or Divorce, Death of a Parent/Spouse, One Time Income, Medical/Dental Expenses, and Elementary/Secondary Tuition Payments.

## 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).

| <b>Source of Income</b>            | <b>Father/Step<br/>Father</b> | <b>Mother/Step<br/>Mother</b> | <b>Student</b> | <b>Student's<br/>Spouse</b> |
|------------------------------------|-------------------------------|-------------------------------|----------------|-----------------------------|
| 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: _____                       |                               |                               |                |                             |
| <b>TOTAL OF ALL INCOME:</b>        |                               |                               |                |                             |

## D. One Time Income Amount

| <b>Source of Income</b>                     | <b>Father/Step<br/>Father</b> | <b>Mother/Step<br/>Mother</b> | <b>Student</b> | <b>Student's<br/>Spouse</b> |
|---|-------------------------------|-------------------------------|----------------|-----------------------------|
| Amount of One time Income received in 2021. |                               |                               |                |                             |

## 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