



2021-2022 Appeal for Review of Special Circumstances

Student Name: _____ Dominican ID Number: _____

Introductory Information:

Based on the information you provided on your FAFSA, the federal government determines your financial need for college. Your financial aid offer reflects this information in the federal and state aid on your award. If you feel you/your family has experienced an unusual circumstance that is affecting your family financially, and your 2021-2022 FAFSA is no longer an accurate representation of your ability to pay, please complete and submit this form along with your required documentation. The financial aid office will review your documentation to determine if an adjustment to your FAFSA is appropriate.

Before submitting this form to the financial aid office, you must have received an official award offer from the financial aid office and be aware of the following information:

- In order to submit this form, you must have already completed the 2021-2022 FAFSA.
- The Department of Education requires schools to perform verification on selected applicants before considering professional judgement adjustments.
- Most appeals will require the submission of tax information.
- Appeals will not be considered for FAFSAs that have been completed using estimated tax information.
- Submission of this form does not guarantee that an adjustment will be made to your financial aid offer.
- Processing time can take up to two to three weeks before a determination is made.
- All appeal information is expected to be submitted with this form and clearly labeled with the student's name and Dominican ID number (if known).

Special Circumstances do not include the following:

- Student/parent does not wish to borrow to cover educational expenses.
- Parents' refusal to contribute to educational expenses
- Parents' payment of student loans for older siblings
- Expenses such as credit card debt, wedding expenses, sports, enrichment activities, etc.

Once you have read all of the above information, please see the reverse side of this form for instructions regarding how to submit your appeal. *Students who already have a zero expected family contribution (EFC) on their FAFSA are not eligible to submit this form.*

COMPLETE ALL OF THE STEPS LISTED BELOW

Step 1: Select the reason(s) for your appeal:

- | | |
|--|---|
| <input type="checkbox"/> Termination | <input type="checkbox"/> Injury or Illness |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Excessive Medical Expenses |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Death of a Spouse/Parent | <input type="checkbox"/> Unemployment Benefits |
| <input type="checkbox"/> Layoff | <input type="checkbox"/> Divorce |
| <input type="checkbox"/> One-Time Lump Sum Payment | <input type="checkbox"/> Other: _____ |

Step 2: Provide a detailed statement explaining your situation. Your statement must be clear and complete, and include information such as:

- When did the circumstance occur?
- When do you expect it to be resolved?
- What is your current situation?
- Is there any other relevant information that will explain your circumstance?

Step 3: Provide a detailed statement regarding your current financial situation

Explain your monthly current income and expenses. You must provide documentation of your current income.

Step 4: Attach your documentation. This may include any of the following items:

- | | |
|--|----------------------|
| • W-2 forms | • Signed Tax Returns |
| • Paystubs | • IRS 1099 Forms |
| • Notices of separation from your employer | • Court documents |
| • Unemployment benefits | • Death Certificates |
| • Documentation of paid medical expenses | • Other _____ |

Please be aware that incomplete appeals will not be reviewed and will be returned to you.

By signing, I certify that all information submitted is complete and correct to the best of my knowledge. I also understand that the submission of this form does not guarantee that an adjustment will be made to the financial aid award.

Student Signature: _____ Date: _____

Print Name: _____ Student ID Number: _____

Student's Parent's Signature: _____ Date: _____

Spouse's Signature (Independent students only): _____ Date: _____

Please note: Typed signatures are not acceptable and will require that this form be returned to you for an "actual" signature.