



**APPEAL FOR REVIEW OF UNUSUAL - SPECIAL CIRCUMSTANCES
 2020-2021**

Student Name: _____ EC Sonis ID# _____
 SSN# (last 4 #'s) _____ Student Phone # _____ Parent Phone # _____
 Student Email _____ Parent or Spouse email _____

Your financial need is determined by the federal government when you complete and submit the Free Application for Federal Student Aid (FAFSA). Your financial award package is based on this information. If you feel you have an unusual circumstance that has recently occurred and therefore was not able to be reflected on the 2020-2021 FAFSA application, you may provide our office with a detailed explanation of the situation and the relevant documentation to support your claim. In turn, we will review your documentation and determine if adjustments to your FAFSA and your subsequent financial awards are appropriate.

Documentation such as Federal Tax Returns, W-2's, pay stubs, letters from employers or doctors, State unemployment or Federal social security, etc., which support the basis for your appeal should be submitted. If you do not submit documentation or leave pertinent sections of this form blank, the form will be returned to you for completion.

PLEASE INDICATE THE UNUSUAL CIRCUMSTANCE(S) YOU WOULD LIKE US TO REVIEW:

___ 1. Since completing the 2020-2021 FAFSA (using 2018 tax information), a member of your family has lost employment income due to:
 ___ termination ___ layoff ___ disability ___ retirement ___ company closing ___ other

Documentation Requested:

Last date of employment: _____
 Date expected to return to work: _____
 Copy of 2018 Federal Tax Return and all W-2's
 Copy of 2019 Federal Tax Return and all W-2's
 Copies of most recent 2020 pay stub(s) with YTD totals for all members of household
 Copy of notification/termination letter from company
 Copy of document outlining temporary disability benefits or unemployment benefits
 Copy of document outlining severance benefits or retirement benefits
 Requested documentation attached: _____

___ 2. Since completing the 2020-2021 FAFSA (using 2018 tax information), a member of your family has lost supplemental income such as:
 ___ Unemployment benefits ___ Child Support ___ Social Security Benefits
 ___ Other: (explain) _____

Documentation Requested:

Date benefits ceased: _____
 Date benefits would be available again: _____ (if applicable)
 Copy of 2018 Federal Tax Return and all W-2's
 Copy of 2019 Federal Tax Return and all W-2's
 Copies of most recent 2020 pay stub(s) with YTD totals for all members of household
 Copy of document indicating the benefits have ceased or decreased
 Requested documentation attached: _____

APPEAL FOR REVIEW OF UNUSUAL CIRCUMSTANCES – Page 2

___ 3. Your family incurred excessive medical expenses in 2018 or 2019 due to the illness of a family member. These expenses must be documented on Schedule A of your 2018 or 2019 Federal Tax Return.

Documentation Requested:

Copy of 2018 or 2019 Federal Tax Return with Schedule A attached
Requested documentation attached: ___

___ 4. Since completing the 2020-2021 FAFSA (using 2018 tax information), a member of your family has had a loss of work/income due to an injury or illness of at least 10 weeks and did not have adequate sick-time pay during that time.

Documentation Requested:

Date you first missed work due to injury/illness: _____
Date you returned or expect to return to work: _____
Copy of 2018 Federal Tax Return and all W-2's
Copy of 2019 Federal Tax Return and all W-2's
Copies of most recent 2020 pay stub(s) with YTD totals for all members of household
Requested documentation attached: _____

___ 5. Since completing the 2020-2021 FAFSA (using 2018 tax information), the marital status of the student or parent(s) has changed due to

___ divorce ___ death of a spouse/parent Note: Marriages are not considered.

Documentation Requested:

Copy of 2018 Federal Tax Return and all W-2's
Copy of 2019 Federal Tax Return and all W-2's
Copies of most recent 2020 pay stub(s) with YTD totals for all members of household
Copy of complete/signed/filed Divorce decree (*if applicable*)
Copy of Death Certificate (*if applicable*)
Requested documentation attached: _____

___ 6. Out-of-pocket college expenses for parent(s) who attend college and their expenses are not reimbursed by grants, scholarships or employer reimbursement benefits.

Documentation Requested:

Copy of 2018 Federal Tax Return and all W-2's
Copy of 2019 Federal Tax Return and all W-2's
Copy of account statement showing charges, financial aid and payments made
Requested documentation attached: _____

___ 7. Out-of-pocket expense (*for tuition only*) at private elementary and/or secondary school for younger children.

Documentation Requested:

Copy of 2018 Federal Tax Return and all W-2's
Copy of 2019 Federal Tax Return and all W-2's
Copy of student account statement showing tuition charges and tuition payments made
Requested documentation attached: _____

___ 8. Other: _____

Please attach a detailed statement regarding your circumstances and provide supporting documentation to support your claim.
Requested documentation attached: _____

Warning: Federal regulations state that purposely giving false or misleading information may result in a fine, a prison sentence, or both.

I (WE) CERTIFY THAT ALL OF THE INFORMATION REPORTED ON THIS FORM TO QUALIFY FOR FEDERAL STUDENT AID IS COMPLETE AND CORRECT. If I am asked, I agree to give proof that any information is correct. I understand that if failure to provide the required requested documentation may result in denial of this application. I (We) authorize Eureka College to release updated or corrected information to the Federal Student Aid Processing Center.

Student Signature: _____ Date: _____

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

Return this form and all required documentation to:

EUREKA COLLEGE OFFICE OF FINANCIAL AID
300 East College Avenue
Eureka, IL 61530-1500