2024-2025 SPECIAL CIRCUMSTANCES APPEAL FORM

FAIRFIELD UNIVERSITY OFFICE OF FINANCIAL AID

Name: _____ **Student ID:** _____

Student Email: _____ **Parent Email:** _____

Special Circumstances Appeals may be submitted once a preliminary financial aid award has been received. If you believe that there are special circumstances that were not considered in the financial aid application(s) or you can now document a significant change in your family's financial circumstances subsequent to filing your FAFSA and CSS Profile, please complete this Special Circumstances Appeal Form and send in supporting documentation.

Appeals will not be reviewed until all documentation is received as requested. All students requesting a Special Circumstances Appeal are subject to the verification process and must submit verification documents for review of an appeal. The verification process can result in an initial decrease/increase to student originally estimated aid offer. The appeal process may not restore reduced aid or offer additional aid.

Submission of an appeal neither guarantees an adjustment to a student's award nor prevents the accrual of late fees on any unpaid student account balances.

Reasons for Special Circumstances Appeal

Loss of Income. Date employment ended:_____. Attach: separation letter, proof of unemployment, severance benefits, etc. Please note, appeals due to loss of overtime earnings, bonus/commission earnings, or any change in income with respect to self-employment, may not be able to be considered until the 2024 return is filed. Please contact our office.

Divorce or Separation. Subsequent to filing the Free Application for Federal Student Aid (FAFSA), you or your parent has become divorced or separated. Date of divorce/separation:_____. Attach: proof of separate residences (copy of utility bills, lease-rental agreement) for each parent, statement about child support/alimony, divorce/separation decree, etc.

Change in Custodial/Noncustodial Parent. This is only applicable with a consultation with a Financial Aid Officer. Do not request this option unless directed and discussed with the office.

Unusually High Medical/Dental Expenses. Amount for 2022 calendar year. Attach: a Copy of Schedule A (Form 1040)-Itemized Deductions.

Death of a Parent or Spouse. Date: _____. Attach a copy of the death certificate and documentation of any death benefits, such as life insurance.

Loss of an Untaxed Benefit or One Time Payment. Date benefit ended: _____. Attach any supporting documentation, such as where the benefit went to, agency that ended the benefit, why a one-time payment was necessary, etc.

Other – Please Explain. _____

***Since each circumstance is unique, you must contact our office to discuss the Special Circumstances request. ***

Personal Statement

Please attach a **personal statement** describing the basis for your special circumstances appeal request. Please include ALL relevant information and any other information you feel would allow you to fully explain the circumstances. Kindly sign and date the statement with a "wet" signature.

Certifications

By signing below,

1. **We will make arrangements to pay our bill on time and not wait for the outcome of this appeal.**
2. We affirm that the data contained on this form and on all attached supporting documentation is true and complete to the best of our knowledge.
3. We acknowledge that submission of an appeal does not guarantee an adjustment to the student's award.
4. We recognize that submission of an appeal does not prevent the accrual of late fees on unpaid balances.
5. We understand that if any of our projections change, we will immediately notify the Office of Financial Aid.
6. We will provide all required documents as requested, to the Office of Financial Aid, and understand that my appeal will not be processed until all documents are submitted.

Student Signature: _____ **Date:** _____

Parent/Spouse Signature: _____ **Date:** _____

Parent Last Name: _____ **Parent First Name:** _____

Parent Phone Number: _____

Please print, sign and submit this form, including all supporting documentation, to the Office of Financial Aid by the stated deadline.

Upload to the student's net partner account; mail to Fairfield University 1073 North Benson Road Fairfield, CT 06824 ; call (203) 254-4125; or fax (203) 254-4008 finaid@fairfield.edu