



# 2011-2012 SPECIAL CIRCUMSTANCES APPEAL FORM DEPENDENT STUDENTS

NAME \_\_\_\_\_ SOC SEC # \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

**NOTE: Appeals will NOT be considered until appropriate documentation and this form are submitted to the Financial Aid Office.**

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**SPECIAL CIRCUMSTANCE (check appropriate category)**

- \_\_\_\_\_ One of the student's parents was employed in 2010 or 2011 and has been laid off or terminated.  
\* **submit documentation type #1, #2, #8 and #9 (described below)**
- \_\_\_\_\_ One of the student's parents earned money in 2010 and has been unable to earn money in his/her usual way in 2011 due to a disability or natural disaster.  
\* **submit documentation type #1,#2, #3, #8 and #9 (described below)**
- \_\_\_\_\_ One of the student's parents received an untaxed benefit in 2010 (such as child support, social security, etc.), and has completely lost that income in 2011.  
\* **submit documentation type #4 (described below)**
- \_\_\_\_\_ The student has already applied for financial aid and his/her parents have divorced or separated since that time.  
\* **submit documentation type #2 and #5 (described below)**
- \_\_\_\_\_ The student has already applied for financial aid and a parent has died since that time.  
\* **submit documentation type #2 and #6 (described below)**
- \_\_\_\_\_ The parents have paid more than 11% of their total income in non-reimbursed medical expenses in 2010 OR in 2011.  
\***submit documentation type #7 (described below)**

**DOCUMENTATION REQUIRED (MUST be submitted)**

<p><b>TYPE #1</b> a letter from the employer stating last date of employment and amount earned in 2010 or 2011 (including severance, vacation pay, etc.)</p>	<p><b>TYPE #2</b> copies of the most recent 2011 pay stubs from ALL parent's employers showing date of that pay period, amount earned that period, and year to date amount earned</p>
<p><b>TYPE #3</b> a letter from the physician stating type of disability, date of diagnosis and anticipated length of recovery time</p>	<p><b>TYPE #4</b> a letter from the appropriate public agency stating type of benefits terminated, date of termination, amount of 2010 benefits, total amount expected for 2011 benefits</p>
<p><b>TYPE #5</b> a copy of the court order showing date of divorce or separation and verification of separate addresses</p>	<p><b>TYPE #6</b> a copy of the death certificate or newspaper obituary showing the date of the parent's death</p>
<p><b>TYPE #7</b> a copy of the schedule A from the 2010 federal 1040 if expenses were paid in 2010 OR copies of receipts showing medical and dental expenses actually paid PERSONALLY in 2011 and not reimbursed</p>	<p><b>TYPE #8</b> a copy of unemployment benefits statement (showing benefit amount and benefit start date) if parent is receiving any benefits in 2010 or 2011.</p>
<p><b>TYPE #9</b> a copy of your 2010 federal 1040 form</p>	<p><b>OTHER</b></p>

*(please continue on other side)*

**PLEASE EXPLAIN THE NATURE OF YOUR APPEAL AND YOUR LOSS OF INCOME: (Must be completed)**

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**PLEASE ESTIMATE ALL SOURCES OF INCOME FOR CALENDAR YEAR 2011:**

	<b>MONTHLY AMOUNT</b>	<b># OF MONTHS REC'D</b>	<b>ANNUAL AMOUNT</b>
Father's (Stepfather's) estimated 2011 wages: (attach MOST RECENT pay stubs)			\$ _____
Mother's (Stepmother's) estimated 2011 wages: (attach MOST RECENT pay stubs)			\$ _____
Parent's estimated monthly unemployment:	\$ _____	_____	\$ _____
Parent's estimated other <b>taxable</b> income for 2011:			\$ _____
AFDC/ADC monthly amount in 2011:	\$ _____	_____	\$ _____
General Relief monthly amount in 2011:	\$ _____	_____	\$ _____
Child support received in 2011 for the student:	\$ _____	_____	\$ _____
Child support received in 2011 for all other siblings	\$ _____	_____	\$ _____
Social security received in 2011 for the student:	\$ _____	_____	\$ _____
Social security received in 2011 for other family members (parents and siblings)	\$ _____	_____	\$ _____
Clergy living allowance received in 2011:			\$ _____
Parent's estimated other <b>untaxed</b> income in 2011:			\$ _____
Additional income or money paid on your behalf not reported elsewhere:			\$ _____

**STATEMENT AND CERTIFICATION:**

I (we) hereby certify that all information reported on this form is true and correct to the best of my (our) knowledge. If this form is submitted after January 1, 2011, I have attached a signed copy of my 2010 income tax return and all 2010 W-2's as well as a current paystub. I (we) understand the penalty for providing false or misleading information is a \$20,000 fine, a prison sentence, or both.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Father's (Stepfather's) Signature \_\_\_\_\_

Date \_\_\_\_\_

Mother's (Stepmother's) Signature \_\_\_\_\_

Date \_\_\_\_\_

**RETURN THIS FORM AND ALL REQUIRED DOCUMENTATION TO:**

Aultman College of Nursing and health Sciences  
Financial Aid Office  
2600 Sixth St. SW  
Canton, OH 44710