



# 2011-2012 SPECIAL CIRCUMSTANCES APPEAL FORM INDEPENDENT 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)**

- \_\_\_\_\_ Student or student's spouse was employed in 2010 and has been laid off or terminated.  
 \*submit documentation type #1 , #2, #8 and #9 (described below)
- \_\_\_\_\_ Student or student's spouse 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)
- \_\_\_\_\_ Student or student's spouse 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 has divorced or separated since that time.  
 \* submit documentation type #2 and #5 (described below)
- \_\_\_\_\_ The student has already applied for financial aid and a spouse has died since that time.  
 \* submit documentation type #2 and #6 (described below)
- \_\_\_\_\_ The student has paid more than 11% of the total income in non-reimbursed medical expenses in 2010 OR in 2011.  
 \*submit documentation type #7 (described below)

**DOCUMENTATION REQUIRED (MUST be submitted)**

<b>TYPE #1</b> a letter from the employer stating last date of employment and amount earned in 2010 (including severance, vacation pay, etc.)	<b>TYPE #2</b> copies of the most recent 2011 pay stubs from ALL student's (and spouse's) employers showing date of that pay period, amount earned that period, and YTD amount earned
<b>TYPE #3</b> a letter from the physician stating type of disability, date of diagnosis and anticipated length of recovery time	<b>TYPE #4</b> a letter from the appropriate public agency stating type of benefits terminated, date of termination, amount of 2011 benefits, total amount expected for 2011 benefits
<b>TYPE #5</b> a copy of the court order showing date of divorce or separation and verification of separate addresses	<b>TYPE #6</b> a copy of the death certificate or newspaper obituary showing the date of the spouse's death
<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	<b>TYPE #8</b> a copy of unemployment benefits statement (showing benefit amount and benefit start date) if student or spouse is receiving any benefits in 2010
<b>TYPE #9</b> a copy of your 2010 federal 1040 form	<b>OTHER</b>

(Continued 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>
Student's estimated 2011 wages: (Submit most recent pay stubs)			\$ _____
Spouse's estimated 2011 wages: (Submit most recent pay stubs)			\$ _____
Student's (and spouse) est. monthly unemployment:	\$ _____	_____	\$ _____
Student's (and spouse) est. other taxable income for 2011:			\$ _____
AFDC/ADC monthly amount in 2011:	\$ _____	_____	\$ _____
General Relief monthly amount in 2011:	\$ _____	_____	\$ _____
Child support received in 2011:	\$ _____	_____	\$ _____
Social security received in 2011 for the student:	\$ _____	_____	\$ _____
Social security received in 2011 for other family members:	\$ _____	_____	\$ _____
Clergy living allowance received in 2011:			\$ _____
Student's (and spouse's) est. other untaxed income in 2011:			\$ _____
Money paid on your behalf in 2011 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. I (we) understand that the penalty or providing false or misleading information is a \$20,000 fine, a prison sentence, or both.

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

Date \_\_\_\_\_

Spouse 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