

SPECIAL CIRCUMSTANCES APPEAL 2009-2010

Please Note: You must file a 2009-2010 Free Application for Federal Student Aid (FAFSA) and receive a financial aid offer **BEFORE** completing this form.

What is special circumstance appeal?

Federal regulations require for your initial eligibility for financial aid to be calculated based on the 2008 income. However, the U. S. Department of Education (USDE) recognizes that many families experience changes after the 2008 calendar year has ended and those are not recognized on the initial 2009-2010 Free Application for Federal Students Aid (FAFSA). Therefore, financial aid officers are given the authority to modify the original information to take into account any unusual circumstances that occur after the 2008 tax was filed or during the year of 2009.

How do I appeal?

If you have any unusual or extenuating circumstances that you feel are not reflected on the FAFSA, please complete the FAFSA, wait until SJC processes the FAFSA, complete this form, and then make an appointment with the financial aid advisor/coordinator at the campus that you will attend at SJC. The financial aid officer will review your case and determine whether or not you meet the conditions to submit your appeal. You will be required to submit this form completed with the appropriate documentation that proves your unusual circumstances.

The following do not qualify as reason(s) for requesting income reduction:

- Car payment and car insurance
- Consumer Debt such as credit cards and Chapter 7 & 11 bankruptcy
- Medical Insurance Premiums
- Mortgage and rent payments
- Home equity, IRA, 403b, 401K loans
- Parents will not assist with college expenses

What is the process?

Once your appeal is received with all appropriate documentation and reviewed by the financial aid advisor/coordinator, the Financial Aid Appeals Committee will decide on it. Failure to provide the required documentation, a completed FAFSA, and the completed special circumstances appeal form could cause your appeal to be denied. Appeals are processed on a case-by-case basis. The approval of appeals from a previous institution does not affect the decision of the committee. All information submitted will become part of your confidential financial aid file and cannot be returned to you. You will receive written notification from the committee usually within three (3) weeks regarding your status. The committee's decision is final and cannot be appealed to any school or agency including the USDE.

Deadline dates to submit:

Fall 2009: Friday, November 13, 2009

Spring 2010: Friday, April 16, 2010

Summer 2010: Friday, July 9, 2010

2009-2010 REQUEST FOR CHANGE INCOME REDUCTION ADJUSTMENT

Student's Name _____ ID# _____

To determine if any adjustments can be made to your financial aid application, please complete the appropriate sections below and write a brief summary of your situation, attach the documents listed, and include your/your parent's 2008 tax return and W-2s. ****After November 30, 2009, you will be required to submit a copy of the 2009 tax return (2) and W-2s.****

A. **Dislocated Worker (termination, layoff, company closing, plant shutdown):** A Dislocated Worker is someone who is either receiving unemployment benefits due to being laid off or losing a job and is unlikely to return to a previous occupation; was self-employed but is now unemployed due to economic conditions or natural disaster; or is a displaced homemaker.

Last day of employment: _____

Date expected to return to work: _____

- Letter from your state's unemployment office or eligibility/ineligibility letter from Texas Workforce Commission
- Documentation of termination or layoff from employer or notice of termination or layoff as a result of any permanent closure of, or any substantial layoff at a plant, facility, or enterprise.

B. **Unemployment (resignation, disability, retirement, or injury):**

Last day of employment: _____

Date expected to return to work: _____

- Copy of last pay stub (year-to-date check stub from all employers)
- Severance package including 401K/403 B plan
- Short term and/or long term disability award
- Medical documentation of injury

C. **Change in employment (reduction in hours, change in employer):**

Date of Change _____

- Letter from employer indicating change in employment status
- Year to date check stub from all employers
- Year to date check from current employer
- Documentation of start date with new employer

D. **Death of Spouse or Parent: Date of Death** _____

- Copy of death certificated, obituary, funeral program
- Year to date check stub of spouse or parent
- Year to date check stub of student, living parent

E. One-time Income (inheritance or back year social security benefits, combat pay):
Date of loss _____

- Inheritance information
- Letter from the Social Security Administration
- Copy of DD214 or Military Orders and 1099

F. Unusual Medical/Dental Expenses paid out pocket during the year of 2008:

- Documentation of medical/dental expenses paid out of pocket during the year of 2008.
- You have paid medical/dental expenses that are not covered by insurance and these expenses exceed 11% of your total income.
- Documentation of insurance payments

G. Loss of other untaxed income (alimony, social security, child support, workers compensation):
Date of loss _____

- Court documents stating termination of benefit
- Letter from unemployment office stating termination of this benefit
- Termination letter from the social security office
- Court document stating date of termination of child support benefits
- Letter from Bureau of Worker's Compensation stating termination of benefit
- Copy of signed divorce decree

H. Tuition expenses paid in 2008 at a private elementary or secondary school:

- Letter from school on the payments made during 2008

By my signature below, I certify that the information provided above is true and complete. I agree to provide proof of the information, if requested. I understand that the penalty for providing false or misleading information is a \$20,000 fine, a prison sentence, or both. I understand that this information is for the 2009-2010 academic year at SJC. I also understand that the financial aid department of SJC is not required to make an adjustment to my request. In addition, I also understand that the decision of the SJC financial aid appeals committee is final and cannot be appealed to anyone or any agency.

Student Signature _____ Date _____

Parent Signature _____ Date _____