

Financial Aid Officer:

2023-2024 Academic Year

Special Conditions Appeal

Name:				
Address:				
What is a Special Conditions Ap	ppeal?			
Students and families who are experies applying for financial aid, students are their eligibility for federal and state aits to show a more accurate picture of	encing economic hardship may a e required to use their 2021 tax and d resulting from an involuntary	nd income information reduction of income du	on the 2023-2024 FAFSA	A. Students may elect to appeal
Instructions for Appeal Process The Office of Financial Aid will revie include all of the following. (Use the	w only one appeal per student, p check boxes to keep yourself or	per circumstance. <i>Stude</i> ganized.)	ents submitting a Special	Conditions appeal must
☐ Indicate the date when the ci ☐ Complete the 2023–2024 Ve ☐ Attach all relevant, supporting ☐ 1) Involuntary Job Los	er outlining the reasons for your freumstance began:/rification worksheet. g documentation for the reason states: Termination Letter (from the reason states: Copy of Death Certification	ated in your appeal. Incl m employer) Une	lude all requirements per th	
	☐ Utility Bills (dated last 30 d☐ Copy of Finalized Divorce)	lays) 🗆 Separate Leas	se/Mortgage Statements	☐ Separate Pay Stubs
☐ 5) Medical/Disability: ☐ 6) Other:	☐ Medical Bills or student/spouse 2021 Tax Retu		Compensation Statements	☐ Disability Statements
☐ Most Recent Pay Stub (s ☐ Document any untaxed incom ☐ Child Support Statemen ☐ I Don't Receive Sources	our projected income for 2022 at s) □ Severance Pay □ I Dorme for 2021 and/or 2022: tt □ Social Security (SSI/SSD) as of Untaxed Income	n't Have a Current Sour		□ WIC Statement
What Happens After Your Appe • Appeals without supporting d				
 Appeals may take more than a Students will be informed of given or discussed over the p Approved appeals will result a new Student Aid Report (S. Denied appeals will be packa Students who choose to enrol are responsible for all charge 	30 days to review and during suct the appeal decision by e-mail. The shone for privacy reasons. in an update to your current FAFAR) from the U.S. Department of aged accordingly to their eligibility while they are waiting for the case on their account.	he RCSJ student e-mail FSA to reflect the reduc of Education as well as ity. outcome of the Special	l address will be used. Resetion in income. The stude confirmation from the Co	sults of appeals will not be ent will receive bllege. e an appeal denied,
By signing below I acknowledge that and accurate.	I have read and understand the in	nformation provided on	this form. I also confirm t	he information provided is true
Student Signature:		Dat	te:	
		Aid Office Use Only		
Date Received:	If pa	ckage incomplete, date no	otice sent to student:	
PJ Decision: ☐ Approved ☐ Not				