



All students appealing will automatically be selected for federal verification before review (if not already selected). Using the information provided on this document, the Financial Aid Office may revise the information reported on your Free Application for Federal Student Aid (FAFSA), which may change your Expected Family Contribution (EFC), and your eligibility for federal or state aid. Any revision to your financial aid award depends upon the availability of funds as well as eligibility, regulations, and policies. Please allow 30 days for processing. Submission of an appeal does not guarantee a change in aid.

Name: _____

Student ID: _____

A. DOCUMENTS REQUIRED FOR ALL SPECIAL CIRCUMSTANCE APPEALS

- Letter explaining the circumstances that you would like us to consider
Verification Worksheet (view Missing Documents on MyVU Financial Aid Self-Service Portal)
All 2020 W-2s for both parent and student
2019 Tax Return Transcript(s) or signed Tax Return(s) for both parent(s) and student, even if the Data Retrieval Tool was used to complete the FAFSA
2020 Tax Return Transcript or signed Tax Returns for both parent and student
21.22 "Income & Expense Form" for both parent and student
Review specific situation box required documentation

B. SPECIAL CIRCUMSTANCES

SELECT THE SITUATION THAT APPLIES AND PROVIDE DOCUMENTATION REQUESTED:

Separation/Divorce -
Name of parent on FAFSA (whose information will remain on FAFSA):
Has the parent remarried? YES NO
Court Documentation verifying legal separation or divorce
Anticipated income for 2021 (Copy of 3 most recent paystubs for parent on record)
2020 W-2s for parent on record and student
2020 Tax Return Transcript for both parent and student
Proof of residence or bill for each parent

Death of a Parent/Spouse -
Copy of Death Certificate
Billing Statement from funeral home verifying expense not covered by insurance
Anticipated income for 2021 (copy of 3 most recent paystubs for surviving parent/spouse)
2020 W-2s for parent on record and student
2020 Tax Return Transcript for both parent and student

Loss of Child Support -
Verification of child support received in 2020 (i.e. divorce decree, attorney general summary)

Deduction of One Time Payment -
Letter from patient/student explaining the one-time payment or reason for the withdrawal.
Verification of the amount of the withdrawal/payment
Verification of what funds were used for (Provide receipts, paid bills, etc. Payments towards consumer debt will not be considered)

Medical –

- Schedule A- receipts will not be necessary
- 2020 Medical Bills
- Receipts
- 2020 Medical Insurance Premium Payments
- 2020 Summary of payments from your pharmacy

Documents need to be sorted and submitted by the patient (if medical is for more than one family member) and in chronological order. Please make sure not to send duplicates of expenses. Documents not dated or dated outside of the current academic year will not be accepted.

Loss of Employment/ Reduction of Income -

Name of Person that lost job: _____

Relationship to Student: _____

Name of Recent Employer: _____

Last Date of Employment: ___/___/___ Status: FULL TIME OR PART TIME

Severance Pay received? YES NO AMOUNT \$ _____

Unemployment Benefits received? YES NO AMOUNT \$ _____

Disability Benefits received? YES NO AMOUNT \$ _____

Will funds be taken out of your IRA, 401, or other retirement plan to supplement income or pay off debt? YES NO AMOUNT \$ _____

Has new employment been found? YES NO AMOUNT \$ _____

If Yes, Name of New Employer: _____

- Letter from previous employer stating last date of employment and year to date income
- Copy of 3-4 most recent Paystubs with year-to-date income information
- 2020 W-2s for parent ON RECORD and student
- 2020 Tax Return Transcript for both parent and student
- Verification of Severance pay
- Verification of Retirement benefits
- Verification of Disability benefits
- Verification of funds taken out of retirement plan
- Most recent paycheck stub (if new employment has been found or if working multiple jobs)
- Anticipated income for 2020 for employed parent(s)

C. CERTIFICATION STATEMENT

I certify that the information provided on this form and all attached documentation is true and complete to the best of my knowledge. I agree to provide further documentation for verification of this information if requested by the Financial Aid Office. I understand that Vanguard University may verify all estimates of income at yearend. Adjustments may be made to current or future financial aid if inaccurate estimates of income result in a financial aid overaward.

Student Signature: _____

Date: _____

****Electronic signature not accepted***

Parent Signature: _____

Date: _____

(Parent signature only required for dependent students) ****Electronic signature not accepted***