



This form is used to document changes in income or other financial circumstances that may affect the availability of family resources to pay for your educational expenses. Using the information provided on this document, the Financial Aid Office may re-evaluate the information reported on your Free Application for Federal Student Aid (FAFSA), and in some cases, make adjustments. Any revision to your financial aid award depends upon the availability of funds as well as eligibility, regulations, and policies. NOTE: If you were selected for Verification, the Verification process must be complete before your appeal will be reviewed. Submission of an appeal does not guarantee a change in aid.

Name: _____

Student ID: _____

A. DOCUMENTS REQUIRED FOR ALL SPECIAL CIRCUMSTANCE APPEALS

- All 2016 W-2s for both parent and student
- 2015 Tax Return Transcript for both parent and student, even if the Data Retrieval Tool was used to complete the FAFSA
- 2016 Tax Return Transcript for both parent and student
- Letter explaining the circumstances that you want considered
- Additional documents relative to your particular circumstance

B. SPECIAL CIRCUMSTANCE OPTIONS

Check the circumstance that applies and attach additional required documentation listed for respective specific circumstance:

- Separation/Divorce - ANSWER QUESTIONS AND SUBMIT REQUIRED DOCUMENTATION BELOW

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 2017 (Copy of most recent pay check for parent of record)
- Proof of residence or bill for each parent

- Death of a Parent/Spouse - REQUIRED DOCUMENTATION BELOW

- Copy of Death Certificate
- Billing Statement from funeral home verifying expense not covered by insurance
- Anticipated income for 2017 (copy of most recent paycheck for surviving parent/spouse)

- Loss of Child Support - REQUIRED DOCUMENTATION BELOW

- Verification of child support received in 2016 (i.e. divorce decree, attorney general summary)

- Deduction of One Time Payment - REQUIRED DOCUMENTATION BELOW

- Letter from patient/student explaining the onetime 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 – REQUIRED DOCUMENTATION BELOW

- Schedule A- receipts will not be necessary
- 2016 Medical Bills
- Receipts
- 2016 Medical Insurance Premium Payments
- 2016 Summary of payments from your pharmacy

Documents need to be sorted and submitted by 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 - REQUIRED DOCUMENTATION BELOW

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 being received? YES NO AMOUNT \$ _____

Will funds be taken out of your IRA, 401, or other retirement plan in order 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 parent/student explaining circumstances surrounding the loss of income or reduction
- Letter from previous employer stating last date of employment and year to date income OR Copy of last pay check stub with year to date income information
- Verification of Severance pay
- Verification of Retirement benefits
- Verification of Disability benefits
- Verification of funds taken out of retirement plan
- Most recent pay check stub (if new employment has been found or if working multiple jobs)
- Anticipated income for 2017 for employed parent(s)

Other - REQUIRED DOCUMENTATION BELOW

- Letter from parent/student explain circumstances
- Supporting documentation for your circumstances

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 year end. Adjustments may be made to current or future financial aid if inaccurate estimates of income result in a financial aid over-award.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(Parent signature only required for dependent students)

FAO Only: Approved Denied Tabled Date: _____ Notes: _____