



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

- All 2019 W-2s for both parent and student
- 2018 Tax Return Transcript or signed Tax Returns for both parent and student, even if the Data Retrieval Tool was used to complete the FAFSA
- 2019 Tax Return Transcript for both parent and student
- Letter explaining the circumstances that you would like us to consider
- "20.21 Income & Expense Form" for both parent and student. vanguard.edu/admissions/financial-aid/forms
- Additional documents to validate your appeal

B. SPECIAL CIRCUMSTANCES

SELECT THE SITUATION THAT APPLIES AND PROVIDE DOCUMENTATION REQUESTED:

<input type="checkbox"/> Separation/Divorce - Name of parent on FAFSA (whose information will remain on FAFSA): _____ Has the parent remarried? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Court Documentation verifying legal separation or divorce <input type="checkbox"/> Anticipated income for 2020 (Copy of most recent pay check for parent of record) <input type="checkbox"/> Proof of residence or bill for each parent
<input type="checkbox"/> Death of a Parent/Spouse - <input type="checkbox"/> Copy of Death Certificate <input type="checkbox"/> Billing Statement from funeral home verifying expense not covered by insurance <input type="checkbox"/> Anticipated income for 2020 (copy of most recent paycheck for surviving parent/spouse)
<input type="checkbox"/> Loss of Child Support - <input type="checkbox"/> Verification of child support received in 2019 (i.e. divorce decree, attorney general summary)
<input type="checkbox"/> Deduction of One Time Payment - <input type="checkbox"/> Letter from patient/student explaining the one-time payment or reason for the withdrawal. <input type="checkbox"/> Verification of the amount of the withdrawal/payment <input type="checkbox"/> 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
- 2019 Medical Bills
- Receipts
- 2019 Medical Insurance Premium Payments
- 2019 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 -

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 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 2019 for employed parent(s)

Other -

- 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: _____