



MISSISSIPPI STATE UNIVERSITY™
STUDENT FINANCIAL AID

Post Office Box 6035
Mississippi State, MS 39762-6035
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2016-2017
Special Circumstance Appeal Form

Student's Name

(9 digit) MSU ID

Complete this form if you or your family has unusual circumstances affecting your ability to contribute to your 2016-2017 educational expenses. Special circumstances that may be considered are separation/divorce, death, change or loss of employment income, unusually high medical expenses, or loss of benefits, etc. Submit this completed form with the required documentation listed below to the Office of Student Financial Aid. Our appeal committee will re-evaluate your financial aid eligibility for possible adjustment.

Appeals are processed in order of the date we receive required completed forms and documents that are required. Incomplete Appeals will delay processing time.

**** Verification of your FAFSA information must be completed before adjustments can be made. Check your eligibility requirements on your MSU MyState Portal to see which documents are required for verification. Also, please regularly check your MSU email to see if you need to submit additional documentation.**

Steps Required for Special Circumstance Appeal

1. 2016-2017 FAFSA completed and results sent to MSU
2. Signed detailed letter attached explaining your unusual circumstances (with dates circumstance occurred)
3. Copy of **2015 Tax Return Transcript** for student and parents, or student and spouse (if student is married)
 - a. Request free from the IRS at 1-800-908-9946 or
 - b. Request online at <http://www.irs.gov/Individuals/Get-Transcript>
4. Copy of all **2015** W-2 Forms for student and parents, or student and spouse (if student is married)
5. Copy of all **2015** 1099-Forms for student and parents, or student and spouse (if student is married)
6. 1617 Household Verification Form (www.sfa.msstate.edu or MSU MyState under Financial Aid Forms and Links)
7. Additional documents required for your specific circumstance as specified below
8. Signed certification at the end of this form

Reason for Special Circumstance Appeal			Date Situation Occurred
Reason (Please check box(s) below)	Whose situation changed in 2016?	Documents Required	
<input type="checkbox"/> Loss of Employment <input type="checkbox"/> Layoff <input type="checkbox"/> Termination <input type="checkbox"/> Hours/Income Reduction	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	1. Employer signed letter on company letterhead detailing reason for separation, notice of layoff, termination date, or hours reduction (list last date employed) 2. Copy of year-to-date earnings statement (final pay stub) Will you receive unemployment? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. If yes, Unemployment Benefit Statement	Date Occurred From: To:
<input type="checkbox"/> Divorce/Separation	<input type="checkbox"/> Student <input type="checkbox"/> Parent	1. Copy of divorce decree or signed letter from lawyer verifying separation (intent to divorce)	Date Occurred:
<input type="checkbox"/> Death (spouse/parent)	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	1. Copy of Death Certificate or full Obituary	Date Occurred:
<input type="checkbox"/> Excessive Medical Expenses	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	1. Copy of <u>Schedule A</u> from 2015 federal tax return transcript or 2. <u>Doctor/Hospital receipts</u> for 2015 expenses you paid & those paid by insurance	
<input type="checkbox"/> Other	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	1. All documentation necessary to provide proof of unusual circumstances	

2016 Income You Expect to Receive	Whose Income?	Total Estimated Annual Amount January 2016 – December 2016
<input type="checkbox"/> Income earned from work	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	\$ _____ (Student) \$ _____ (Student's Spouse) \$ _____ (Parent)
<input type="checkbox"/> Taxable income (Unemployment compensation, disability benefits, interest/dividend or real estate income, alimony, pensions, capital gain/loss, etc.)	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	\$ _____ (Student) \$ _____ (Student's Spouse) \$ _____ (Parent)
<input type="checkbox"/> Nontaxable Income (TANF, Social Security benefits, child support, etc.)	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	\$ _____ (Student) \$ _____ (Student's Spouse) \$ _____ (Parent)

Certification Statement	
By signing this form, I certify that all of the information on this form and any attachments are complete and accurate to the best of my knowledge. Warning: Purposely giving false or misleading information may result in a fine, imprisonment, or both. I agree to notify MS State University Financial Aid Office if any of the information provided on this form changes.	
❖ Student Signature _____	Date _____
❖ Student Spouse Signature _____ (If student is married)	Date _____
❖ Parent Signature _____ (Dependent Students must also include parent signature)	Date _____