



MISSISSIPPI STATE UNIVERSITY™
STUDENT FINANCIAL AID

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2017-2018
Special Circumstance Appeal Form

Student's Name _____

(9 digit) MSU ID _____

Complete this form if you or your family have unusual circumstances that may affect your ability to contribute to your 2017-2018 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 our address above. 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 requested.
Incomplete Appeals will delay processing time.*

****Verification of your FAFSA information must be completed before adjustments can be made. Regularly check your Eligibility Requirements on your MSU MyState and your MSU email address to see what documents are required and/or if you need to submit additional documentation.**

Required Steps for Special Circumstance Appeal: <i>(incomplete appeals will not be processed)</i>	
1. Complete your 2017-2018 FAFSA and have it sent to MSU	<ul style="list-style-type: none"> • www.fafsa.gov (list MSU federal school code 002423) • Federal Processor will send your FAFSA results to MSU
2. Attach a Signed letter specifying your unusual circumstances	<ul style="list-style-type: none"> • Include date(s) situation occurred • Specify all employers where job loss occurred • List ALL 2016 employers for student, spouse, & parents
3. Complete the 2017-2018 MSU Household Size/College Verification form	<ul style="list-style-type: none"> • www.sfa.msstate.edu or MSU MyState, under Financial Aid Forms and Links
4. Provide copies of 2015 and 2016 W-2 Forms AND/OR 2015 and 2016 1099 Forms	<ul style="list-style-type: none"> • For independent student (and student's spouse, if married); or • For dependent student and student's parent(s) • 2015 W-2 wages must match 2015 IRS transcript wages • If W-2 not available, send 2015 and 2016 IRS Wage & Income Transcript available at: www.irs.gov/transcript
5. Provide 2015 Income Tax Records	<ul style="list-style-type: none"> • For 2015 Tax Filers (send Tax Return Transcript for <u>each</u> person) <ul style="list-style-type: none"> ▶ Independent student (and spouse if student is married) or ▶ Dependent student and parent (parent & current spouse, or both parents if unmarried & living together) ▶ Request at www.irs.gov/transcript, or 1-800-908-9946
	<ul style="list-style-type: none"> • For 2015 Non-tax Filers (complete the 2017-2018 Nontax Filer form for <u>each</u> person who did not file a tax return) <ul style="list-style-type: none"> ▶ Student form (student and student spouse, if married) ▶ Parent form (parent and parent spouse if married) ▶ www.sfa.msstate.edu or MSU MyState, under Financial Aid Forms and Links
6. Complete Special Circumstance Appeal Form	<ul style="list-style-type: none"> • Complete ALL applicable sections and questions of this form, and sign the certification statement at the end: <ul style="list-style-type: none"> ▶ Independent student and spouse (if student is married) ▶ Dependent student and parent
7. Documentation required, specific to your situation	<ul style="list-style-type: none"> • Required documents listed under "Reason for Appeal" below

Reason for Special Circumstance Appeal		
Reason (check box(s) below)	Whose situation Changed in 2016?	Documents Required (must pertain to person who had the loss)
<input type="checkbox"/> Employment Loss <input type="checkbox"/> Layoff <input type="checkbox"/> Termination	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	1. Employer Separation/Termination Notice or employer signed statement: a. Must be on company letterhead b. Must document severance package (if received) c. Must specify effective date of separation/termination 2. Copy of last 2016 pay stub received from student/spouse/parent affected: a. For All 2016 employers 3. Did or Will the person who had the job loss receive unemployment? a. <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, Unemployment Benefit Statement required) 4. Does this person remain Unemployed for 2016? a. <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Is this person now employed? a. <input type="checkbox"/> Yes, Date employment began _____/_____/_____ <input type="checkbox"/> No
<input type="checkbox"/> Divorce/Separation	<input type="checkbox"/> Student <input type="checkbox"/> Parent	1. Copy of divorce decree or signed letter from lawyer (must verify separation with intent to divorce) 2. Specify date of divorce/separation _____/_____/_____
<input type="checkbox"/> Death	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent	1. Copy of Death Certificate or full Obituary 2. Specify date death occurred: _____/_____/_____
<input type="checkbox"/> Excessive Medical Expenses	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	1. Copy of Schedule A from 2015 federal tax return transcript or 2. Doctor/Hospital payments for 2015 out-of-pocket expenses that you have already paid , beyond what your insurance covers
<input type="checkbox"/> Other	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	1. Documentation necessary to provide proof of your unusual circumstances 2. Loss of alimony, child support, etc. must be documented by appropriate court order or official documentation 3. Date(s) must be documented

2016 Income You/Family Expect to Receive	Who's Income?	Total Estimated Annual Income Amount January 2016 through 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 income, capital gain or loss, real estate income, alimony, pensions, 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 MSU Financial Aid Office if any of the information provided on this form changes.	
Student Signature _____	Date _____
Student Spouse Signature _____ <i>(If student is married)</i>	Date _____
Parent Signature _____ <i>(Dependent students must also include parent signature)</i>	Date _____