



MISSISSIPPI STATE UNIVERSITY™
STUDENT FINANCIAL AID

Upload to: sfa.msstate.edu/dawg-documents
 Mail to: Post Office Box 6035
 Mississippi State, MS 39762-6035

2018-2019

Special Circumstance Appeal Form

Student's Name

Student's MSU Email Address

(9 digit) MSU ID

Complete this form if you or your family have unusual circumstances that may affect your ability to contribute to your 2018-2019 educational expenses. Special circumstances that may be considered are listed under # 2 below. Submit this completed form to our address above. Our appeal committee will re-evaluate your financial aid eligibility for possible adjustment, and will post additional documentation requirements as needed to complete the review.

Appeals are processed in order of the date we receive completed forms and requested documents. **Incomplete Appeals will delay processing.**

****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 documents requested and/or if you need to submit additional documentation.**

Reason for Special Circumstance Appeal

- 1) Specify whether student, parent, or spouse had the loss: (_____)
- 2) Check box below to indicate the reason for your appeal
 - Section A - (Employment Loss)**
 - Section B - (Loss of Single Income Item)**
 - Section C - (Divorce/Separation)**
 - Section D - (Excessive Medical Expenses)**
 - Section E - (Death)**
- 3) Locate your section below (based on the box checked above); Answer questions and provide documents as specified **for the person who had the loss:**

Section A: Employment Loss (layoff or termination)	
Did or will this person receive unemployment?	<input type="checkbox"/> Yes (provide copy of <u>Unemployment Benefit Statement</u>) <input type="checkbox"/> No
Does this person remain Unemployed for 2017?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this person now employed?	<input type="checkbox"/> Yes (list date employment began _____ M/Yr) <input type="checkbox"/> No
Section B: Loss of Single Income Item	
<ul style="list-style-type: none"> • Specify income item that was lost: (from items listed on your 2016 federal tax return transcript) 	
<ul style="list-style-type: none"> • Document(s): copy of documentation to verify lost income item 	
Section C: Divorce/Separation	
<ul style="list-style-type: none"> • List date of divorce/separation: 	(M/Yr)
<ul style="list-style-type: none"> • Document(s): copy of divorce decree, or signed letter from lawyer specifying separation is with intent to divorce 	
Section D: Excessive Medical Expenses	
Document(s):	
<ul style="list-style-type: none"> • Copy of Schedule A (from 2016 federal tax return transcript); OR • Copy of 2016 Doctor/Hospital payments that you have <u>already paid</u> (beyond what your insurance covered) 	

Section E: Death	
• List date death occurred:	(M/Yr)
• Specify name of deceased person (and relation to you):	
• Document(s): copy of Death Certificate, or full Obituary	

Signature

By signing this form, I certify that all of the information on this form and any attachments are complete and accurate information to the best of my knowledge. **Warning: Purposely giving false or misleading information may result in a fine, imprisonment, or both.**

Student Signature _____ **Date** _____

Spouse Signature _____ **Date** _____
(If student is married)

Parent Signature _____ **Date** _____
(Dependent students must also include parent signature)