**2021-2022 Special Circumstance Appeal Form**

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<tr>
<th>Student’s Name</th>
<th>Student’s MSU Net ID</th>
<th>MSU ID (9 digit)</th>
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Complete this form if you or your family have unusual circumstances that may affect your ability to contribute to your 2021-2022 educational expenses. To qualify for a special circumstance, we will only consider the following situations: (Employment Loss; Divorce/Separation; Excessive Medical expenses; or Death) 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.

* Special Circumstance Appeals are limited to one per academic year.
** Additional documents may be required once our appeal committee evaluates the special circumstance.
*** 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

Answer questions and provide documents as specified for the circumstance you are requesting us to consider.

#### 1. Employment Loss -- (layoff/termination/job change which resulted in reduction of income)

- **List the person(s) who experienced the loss:**
- **Relationship to the student:**
- **Did or will this person receive unemployment?**
  - □ Yes (provide copy of [Unemployment Benefit Statement](#))
  - □ No
- **Is this person now employed?**
  - □ Yes (list date employment began ________________ M/Yr)
  - □ No

**Document(s):**
- Provide a *typed, signed detailed* letter explaining the circumstances (list who experienced the loss, when the loss occurred, and any other relevant information and dates).
- Copy of the 2019 Tax Return Transcript or 2019 *Signed* 1040 Form and appropriate schedules (if not already sent)
- Copy of the termination/separation letter and severance package (if one was received)
- Copy of the 2020 Tax Return Transcript or 2020 *Signed* 1040 Form and appropriate schedules (if it has been filed)
- Most current 3 months of documented income including gross year to date income if the 2020 1040 Tax Return has not been completed yet or you are requesting to use current year income.
- Copy of unemployment benefits letter, if the person is receiving unemployment
- If job loss was voluntary, make sure to put that in your letter.

#### 2. Divorce/Separation -- This must occur after the FAFSA has already been submitted.

- **List Names of parents involved:**
- **List date of divorce/separation:** (M/Yr)

**Document(s):**
- Provide a *typed, signed detailed letter* explaining the circumstances (list who experienced the loss, when the loss occurred, and any other relevant information and dates).
- Copy of divorce decree or signed letter from lawyer specifying separation is with intent to divorce; *And*
- Copy of 2019 Tax Return Transcript or a copy of the signed 2019 Tax Return and appropriate schedules; *And*
- Copy of custodial parents W2 Form(s) for 2019
3. Excessive Medical Expenses

Document(s):
- Provide a typed, signed detailed letter explaining the circumstances (list who experienced the loss, when the loss occurred, and any other relevant information and dates).
- Copy of Appropriate Schedule (from 2019 federal tax return transcript); Or
- Copy of 2019 Doctor/Hospital payments that you have already paid (beyond what your insurance covered)

4. Death – If death occurred in 2020 or later

- List name of deceased parent (and relation to you):
  - Name: 
  - Relation: 
- List date death occurred:
  - (M/Yr)

Document(s):
- Provide a typed, signed detailed letter explaining the circumstances (list who experienced the loss, when the loss occurred, and any other relevant information and dates).
- Copy of Death Certificate or full Obituary; And
- If deceased person was listed on the 2019 tax return and appropriate schedules, please provide a copy of the custodial parent’s W2 Form for 2019 or 1099 or other credible income sources.

Signature (Note: Signatures MUST BE HANDWRITTEN; electronic signatures will not be accepted.)

By signing this form, I certify that all 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 ____________ (Required)

Student’s Spouse Signature ____________________________________ Date ____________ (If student married, student’s spouse’s signature required)

Parent Signature _____________________________________________ Date ____________ (Dependent students must also include parent signature)

(Note: Electronic signatures will not be accepted)