


MISSISSIPPI STATE UNIVERSITY™
STUDENT FINANCIAL AID

2022-2023

Special Circumstance Appeal Form9**Student's Name****Student's MSU Net ID****MSU ID (9 digit)**

Complete this form if you/your family have unusual circumstances that may affect your ability to contribute to your 2022-2023 educational expenses. Our appeal committee will consider appeals for Employment Loss; Divorce/Separation; Excessive Medical expenses; or Death. We will re-evaluate your financial aid eligibility for possible adjustments to your aid. **An appeal may only be completed for those included on your 2022-2023 FAFSA.**

- * Special Circumstances Appeals are **limited to one per academic year** (Fall or Spring or Summer).
- * Additional documents may be required when our appeal committee evaluates your special circumstance appeal.
- * Check appeal status by logging in to your myState account to see if you have any outstanding documents (select Eligibility Requirements under the Financial Aid menu) .
- * Appeal will not be reviewed until ALL required documents have been signed and submitted.

Reasons for Special Circumstance Appeal – Answer questions and provide documents as specified.

1. Employment Loss – layoff/termination/job change that resulted in income reduction since 2020		
Name of person who experienced the loss:	Company where <u>loss</u> occurred:	Date loss started:
Relationship to student (check box):	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Student	
Did/will this person receive unemployment?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Unemployment Benefit Letter required)	
Is this person now employed?	<input type="checkbox"/> No <input type="checkbox"/> Yes (new employ start date) _____ If yes, list company name:	
Was loss voluntary?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
1. REQUIRED DOCUMENTS: All tax documents for <u>BOTH</u> parents, (or student and spouse if Independent):		
1) Detailed letter (typed and signed). explaining circumstances (indicate who experienced the loss, when the loss occurred, and any other relevant information and dates).		
2) Termination/separation letter (Employer signed) and copy of severance package (if severance received)		
3) Copy of Unemployment Benefits Statement (if applicable)		
4) 2020 and 2021 – SIGNED copies of 1040 (first 2 pages), or Tax Return Transcripts		
5) 2020 and 2021 – copies of ALL Schedules filed		
6) 2020 and 2021 – copies of ALL W-2 Forms or IRS Wage and Income Transcripts , and/or 1099 Forms		
7) If you did not file a 2021 1040 tax return or if requesting to use current year income, provide copies of most current 3 month's pay stubs – must show gross year-to-date income .		

2. Death – if death occurred in 2020 or later		
Name of deceased parent:	Name of deceased spouse:	Date death occurred:
2. REQUIRED DOCUMENTS:		
1) Detailed letter explaining circumstances (typed and signed)		
2) Copy of Death Certificate or full Obituary		
3) 2020 signed copy of 1040 (first 2 pages), or Tax Return Transcript (if deceased was on 2020 taxes)		
4) 2020 copies of ALL Schedules filed		
5) 2020 copies of ALL W-2 Forms and/or 1099 Forms		

MSU ID (9 digit) 9 _____

3. Divorce or Separation – must occur <u>AFTER</u> FAFSA has been submitted – select only 1 check box below	
<u>AFTER</u> FAFSA was submitted, Custodial Parent is:	
<input type="checkbox"/> Divorced from student’s biological/adoptive parent	<input type="checkbox"/> Divorced from student’s stepparent
<input type="checkbox"/> Separated from student’s biological/adoptive parent	<input type="checkbox"/> Separated from student’s stepparent
Name of Custodial Parent <u>on FAFSA</u> :	
Date of Divorce:	Date:
Date of Separation (if not divorced):	Date:
Temporary absences from home are not considered	
3. REQUIRED DOCUMENTS – provide All tax documents for <u>Custodial</u> parent (or student if Independent):	
<ol style="list-style-type: none"> 1) Detailed letter explaining circumstances (typed and signed) 2) Copy of divorce decree if divorced 3) If separated – signed letter from lawyer specifying separation with intent to divorce <ol style="list-style-type: none"> a. Or copies of current Utility bills/lease agreement in both parent’s names to verify separate addresses 4) 2020 SIGNED copies of 1040 (first 2 pages), or Tax Return Transcripts 5) 2020 copies of ALL Schedules filed 6) 2020 copies of Custodial Parent’s <u>W-2 Forms</u> or <u>IRS Wage and Income Transcripts</u>, and/or 1099 Forms <ol style="list-style-type: none"> a. If all of the 2020 income is other Parent’s, provide copies of their W-2 and/or 1099 Forms if available 	

4. Excessive Medical Expenses – paid out-of-pocket in 2020 or 2021 only	
Name of person who had excessive medical expenses:	Name:
Year medical expenses occurred:	Year:
4. REQUIRED DOCUMENTS:	
<ol style="list-style-type: none"> 1) Detailed letter explaining circumstances (typed and signed) 2) 2020 or 2021 – SIGNED copy of 1040 (first 2 pages), or Tax Return Transcripts 3) 2020 or 2021 – copies of ALL Schedules filed 4) 2020 or 2021 copy of Schedule A required – shows eligible medical expenses paid <ol style="list-style-type: none"> a. FAFSA already includes 11% of the Income Protection Allowance for medical expenses 5) If no Schedule A was filed, provide signed statement from 2020 or 2021 tax preparer specifying why no Schedule A filed for medical expenses paid, <u>or</u> provide a copy of your 2020 or 2021 medical payments (what you paid out of pocket beyond what your insurance has paid). 	

REQUIRED Signatures

Dependent students – Both Student and Parent signatures are required.
Independent students – Student and Spouse signatures are required (if married).

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.** **Handwritten signatures required – no initials or electronic signatures.**

Student Signature _____ Date _____
Student’s Spouse Signature _____ Date _____
Parent Signature _____ Date _____