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2024-2025 Special Circumstance Appeal Form

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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 2024-2025 educational expenses. We will consider appeals for Employment Loss; Death; Divorce/Separation; Excessive Medical expenses. We will re-evaluate your financial aid eligibility for possible adjustment, post additional documentation requirements as needed, and post a correction (if adjustments are made). An appeal may only be completed for those included on your 2024-2025 FAFSA.

- Special Circumstances Appeals are <u>limited to one per academic year</u> (Fall/Spring/Summer).
- Additional documents may be required when our appeal committee evaluates your appeal.
- To check the status or see requests for any documents, log in to your MSU myState and check Eligibility Requirements; you can also see this under your MSU email address.
- Appeal will be delayed if ALL documents required and requested are not signed and submitted.

Documents listed below are REQUIRED for All cases, along with additional documents per circumstance				
☐ Typed and signed letter	Explain the circumstance you are appealing for:			
	Job/Income loss, Death, Divorce/Separation, Medical Expenses			
☐ Completed 2024-2025 Family Size	Available at https://www.sfa.msstate.edu/forms			
Verification Form				
☐ Signed copy of 1040 or Tax Return Transcript	For 2022 AND 2023 – First 2 pages listing wages and tax paid			
☐ Copies of ALL Schedules (Sch) Filed	For 2022 <u>AND</u> 2023 – Sch 1, 2, 3, A, C, and D, K-1 (Form 1065)			
☐ Copies of ALL W-2 and/or 1099 Forms	For 2022 <u>AND</u> 2023			
	W-2/1099 wages <u>must match</u> 1040/transcript wages			
Provide the following if unable to provide 2023 documents listed above (2022 still required):				
☐ 2023 Tax Return not yet filed – 2023 most current 3 month's pay stubs (must show gross year-to-date earnings)				
☐ Requesting to use 2024 income – 2024 most current 3 month's pay stubs (shows gross year-to-date-income)				

Reason for Appeal – Answer questions and provide documents specific to your situation:

1. Employment Loss – layoff/termination/job change that resulted in income reduction since 2022:					
Name of person who experienced the loss:	Company Name where <u>loss</u> occurred:	Date loss started:			
Relationship to student (check box):	☐ Parent 1 ☐ Parent 2 ☐ Student	☐ Student's Spouse			
Did/will this person receive unemployment:	☐ No ☐ Yes (Unemployment Benefit Statement <u>required</u>)				
Is this person currently employed?	☐ No ☐ Yes (new employ start date):				
	If yes, list company name:				
Was loss voluntary?	□ No □ Yes				
Additional Documentation Required:					
☐ Termination/separation letter (Employer signed) and copy of severance package (if severance received)					
☐ Copy of Unemployment Benefits Statement (if unemployment received)					

	MSU ID	(9 digit) <u>9</u>				
2. Death – if death occurred in 2022 or later	– (not co	nsidered if death	was prior to	2022):		
Name of deceased parent or spouse:	Relation	ationship to the student: Date death occurred:				
	☐ Paren	nt 🗌 Spouse				
Additional Documentation Required:	<u>I</u>					
☐ Copy of Death Certificate or full Obituary						
3. Divorce or Separation – must occur AFT	ER FAFS	A has been sub	mitted:			
Name of Custodial Parent on FAFSA is:						
As of TODAY, Custodial Parent is (only check one):						
□ Divorced from student's biological/adoptive parent □ Divorced from student's stepparent			stepparent			
☐ Separated from student's biological/adoptive paren		Separated from student's stepparent				
Date of Divorce:		Date:				
Date of Separation (if not divorced):		Date:				
Temporary absences from home are not consider	red					
Additional Documentation Required:						
 Divorced – copy of divorce decree Separated – signed letter from lawyer specify 	vina sonar	cation with intent	to divorce if n	one then:		
a. Copies of <u>current</u> utility bills or lease a						
verify separate addresses (REQUIRED	•	•				
3) If all of the 2022 income is other Parent's, pro	ovide cop	ies of their W-2 ar	nd/or 1099 For	ms if available		
4. Excessive Medical Expenses – paid out-	of-pocke	et in 2022 or 202	23 only:			
Name of person who had excessive medical exp	enses:					
Year medical expenses occurred:		2022	2023			
Additional Documentation Required:	I					
1) 2022 copy of Schedule A <u>required</u> – shows el	ligible me	dical expenses pa	id that exceeds	s 11% of IPA.		
a. FAFSA already includes 11% of the Inc				·		
2) If 2023 not filed, provide copy of the 2023 medical payments <u>you paid out of pocket</u> over what insurance paid.						
a. Include total owed, total paid by insu	rance, and	d total you paid ir	1 2023			
REQUIRED Signatures:		L		The state of the s		
By signing this form, I certify that all the information best of my knowledge. Warning: Purposely giving fals				-		
Handwritten signatures required – no in				e, Imprisonment, or both.		
Tranawritten signatures required no in	itiais oi	electronic sign	iatui es.			
DEPENDENT students – Both	Student	t and Parent sig	natures are r	required.		
Student Signature			Date			
Parent Signature			Date			
INDEPENDENT students – Studen	t and Sp	ouse signatures	s are required	d (if married).		
Student Signature						
Student's Spouse Signature			Date			