

□ Other

## Special Circumstance Appeal 2023-2024

Name _	Student ID#	
	umber	
Email a	ddress	
tax info financia reviewe	s have the option to file a Special Circumstance Appeal when his or her financial situation has significantly changed and 20 mation as reported on the 2023-2024 Free Application for Federal Student Aid (FAFSA) does not accurately reflect the cur condition. Submission of the Special Circumstances Appeal Request does not guarantee approval. All documentation wid, and incomplete applications will be tabled until all requested information is provided. Please allow at least 4-6 weeks to information received.	rrent
	Required Documentation for All Appeals	
•	A completed 2023-2024 Free Application for Federal Student Aid (FAFSA).  A completed 2023-2024 Verification form.  A signed letter clearly explaining the special circumstance.  A signed copy of the student's and parent's (or your spouse's, if married) 2021 and 2022 federal tax return (with all sched and W-2's.	dules)
	Appeal Conditions (check all that apply)	
	Economic hardship as a result of COVID-19.	
0	Involuntary Loss or significant reduction of income  Termination/severance letter  Final earnings statement from employer  Unemployment documentation (including the Maximum Benefits Available)  Copies of current paycheck if you are currently employed, noting the length of the pay period	
	Death of a parent/spouse  O Copy of the death certificate	
	Disability of parent/spouse  Statement from physician outlining the disability and probability of returning to work, including an estimated date return, if applicable.  If the disability is work-related, provide documentation from employer on the availability and amount of worker's compensation benefits and/or short-term or long-term disability benefits.	of
	Divorce or separation after the FAFSA was filed.  O Copy of final divorce decree	

Enter all anticipated earnings from 1/1/23 to 12/31/23	Student	Spouse	Parent 1	Parent 2
Wages/salary				
Unemployment Compensation				
Social Security Benefits				
Supplemental Security Income				
Child Support received				
Worker's Compensation				
Short-term or Long-term Disability Benefits				
Severance Pay				
Withdrawal from retirement account				
Other Income (pension, annuity, rental income, housing allowance, bonuses, etc.)				
Cer	tification and Signa	tures		
This appeal must be signed by the student and at least one parent w  I/We certify that all of the information provided is true and o  I/We understand that failure to provide any documentation	complete to the best	of our knowledge.		

□ I/We understand that any misrepresentation of the facts in connection with this appeal may be a significant cause, in and of itself, for cancelation or repayment of financial aid, whenever discovered.

Student	Parent
Date	Date

## PLEASE RETURN THIS COMPLETED AND SIGNED FORM TO:

University of South Dakota • Financial Aid Office • 414 E Clark Street • Vermillion, SD 57069

Phone: 605-658-6250 • E-mail: financial.aid@usd.edu