

Financial Aid Special Circumstance Appeal

U.S. Students

The Office of Financial Aid welcomes you to use this form to appeal your family's financial circumstances. If your financial status has changed significantly from what you reported on your Free Application for Federal Student Aid (FAFSA), you may use the appeal form to report your current status. **Be sure to complete all parts of the form and attach all required documentation. Appeals will be considered complete when all required documentation has been received.**

Once your appeal has been evaluated, you will be notified in writing of the results. Please note that submission does not guarantee a change in your financial aid. Ohio Wesleyan rarely awards additional institutional aid during the academic year except in some rare cases. All requests are handled on a case-by-case basis and additional institutional aid is only provided if funds are available. In cases where more aid is awarded as a result of an appeal, funding may come in the form of federal and state aid such as grants, loans, work, or a combination of each.

In Part Two you will be asked to select among various situations that are considered to be valid reasons for appeal. Please note however, that circumstances that are not valid reasons for appeal include requests for additional aid due to tuition and room & board increases, requests to help pay for educational loans that are in repayment, incurred consumer debt (i.e. car payments, credit cards, etc...), and funding to assist with *anticipated* medical expenses.

Submit documents to:
Ohio Wesleyan University
Office of Financial Aid
financialaid@owu.edu
fax: 740-368-3066
61 S. Sandusky St.
Delaware, Ohio 43015

PART ONE: Student/Parent Contact Information

Student: _____
Last
First
Middle

Student ID Number: _____

Student's Cell Number: _____

Student's email: _____

Parent: _____
Last
First
Middle

Parent's Cell Number: _____

Parent's email: _____

PART TWO: Special Circumstance Designation

Check below the special circumstance for which you are appealing and complete and/or send all documents listed on the back of this form.

- Involuntary unemployment or change of employment status
- One-time, non-recurring income that is no longer being received
- Divorce or legal separation for parent
- Death or disability of a parent
- Loss of alimony received
- Loss of unemployment benefits
- Loss of child support
- Loss of worker's compensation received
- Private elementary, middle, and high school costs for student's siblings (note: we cannot consider siblings attending college for the appeal)
- Unexpected medical expenses paid that are not covered by insurance
- Unplanned early retirement (note: retirement must be unplanned and unexpected for the appeal)
- Adult care expenses
- Parent in college
- Other _____

PART THREE: Certification

We affirm that the information contained on this form and in the attached supporting documentation is correct and complete to the best of our Knowledge. Upon request, we will provide additional documentation to substantiate any information we have provided.

Student Signature
Date

Parent Signature
Date

PART FOUR: Documentation Need

1. Please provide an **explanation** of your special circumstance including the time of the event or change and what you would like to take into consideration.
2. A copy of the parents and students most recent **paycheck** stub(s) stating year-to-date earnings. Be sure to indicate if the pay stub represents weekly, bi-weekly, or monthly earnings
3. **Change of employment submit the following:**
 - a) Letter from employer of separation including the last day of work and any benefits received
 - b) Letter from employer stating the date pay reduction will go into effect
 - c) A copy of the Determination of Unemployment Benefits from the Bureau of Employment Services or Determination of Worker's Compensation Benefits Statement.
4. **Non-recurring income**
 - a) Provide documentation showing the one time income – you may want to submit your tax documents including Schedule C and Schedule F.
5. **Divorce or Separation**
 - a) Submit a copy of the divorce decree or legal separation agreement.
6. **Disability or death of a parent**
 - a) Submit a copy of the statement of disability or social security benefits including the date benefits will start and when your parent expects to go back to work.
 - b) Submit a copy of the death certificate or obituary notice.
 - c) Submit documentation of any income from social security benefits or other compensation received (i.e. insurance benefits)
7. **Loss of alimony received**
 - a) Submit a copy of the court documents indicating the termination date of the benefits.
9. **Loss of unemployment benefits received**
 - a) Submit documentation from the unemployment office indicating the termination date of benefits.
 - b) Submit documentation from the unemployment office indicating the total benefits that will be received during the current calendar year.

PART FOUR: Documentation Need Continued

10. **Loss of child support received**
 - a) Submit a copy of the Termination of Benefits Letter and a year-to-date payment history report from the Child Support Enforcement Agency indicating benefits received in the current calendar year.
11. **Loss of Worker's Compensation received**
 - a) Submit a letter from the Bureau of Worker's Compensation indicating the termination date of benefits.
 - b) Submit documentation from the Bureau of Worker's Compensation indicating the total benefits that will be received during the current calendar year.
12. **Private elementary and secondary school costs for student's siblings**
 - a) Submit a listing or receipts of tuition expenses on school letterhead to be paid (minus any financial assistance received) for the current academic year.
13. **Unexpected medical expenses paid that are not covered by insurance.**
 - a) Submit copies of medical bills paid during the current calendar year or copy of schedule A (itemized deductions) from the previous year's Federal Tax Form 1040 if amount paid is listed on line 1 of that form.
 - b) Submit a copy of your medical insurance showing patient responsibility for payment of medical charges and prescriptions.
14. **Unplanned Early Retirement**
 - a) Submit copy of your IRA distribution, pension benefits, or annuities and/or Form SSA-1099-Social Security Benefit Statement that indicates the total amount to be received and another income received as well as the date the benefits begin.
15. **Adult care expenses**
 - a) A detailed letter itemizing adult care expenses and information for each family member who received such support. Include the name and relationship to the student.
16. **Parent in College**
 - a) Submit receipts or payment summary from the college the parent is attending
17. **Parent Paying Parent Plus Loan for sibling's education or personal student loans.**
 - a) Submit copies of receipts or a payment summary from the agency to which money is owed.
 - b) Provide the monthly payment amount and the total paid during the year.