



Special Circumstance Appeal Form

2018-19 Academic Year

The University of Dayton strives to offer our families the best financial aid packages possible within the limitations of federal, state and university funding levels. We understand that the FAFSA does not always capture the current financial snapshot of your household and that certain circumstances may present your family with unique financial challenges. By completing this form, we will be able to determine if these factors have any effect on your 2018-19 expected family contribution (EFC), which in turn affects your need.

Instructions

Please complete this form in its entirety. Please provide documentation which supports your reason for your appeal and include the student's name and student ID number on all documents to insure proper identification. In addition, we must have the results of your **2018-19 FAFSA (Free Application for Federal Student Aid)** on file in order to review this form. This can be filed online at <http://www.fafsa.gov>. **If your FAFSA is selected for federal verification, that process must be complete before your special circumstance appeal form can be reviewed.**

Your appeal will be evaluated by the financial aid staff within a timely manner based on the volume received. **Please allow up to two (2) weeks for review.** For your convenience, you can **email, mail or fax** the documentation to us. If you need assistance in completing this form, please use the following contact information:

First-year students:
Office of Admission and Financial Aid
1-800-837-7433 or 1-937-229-4411
FAX: 937-229-4338
admission@udayton.edu

Non first-year students:
Office of Financial Aid
1-800-827-5029 or 1-937-229-4311
FAX: 937-229-4338
finaid@udayton.edu

Student Information

Last Name:	First Name:	MI:	Student ID#:
Address:			
City:	State:	Zip:	Date of Birth:
Phone Number:		Email Address:	
Your grade level for the 2018-19 academic year:	First year	Sophomore	Junior Senior

Reason(s) For Appeal

Loss of income/benefits (due to unemployment, loss of overtime, loss of non-recurring income/benefits, death of wage earner, divorce, separation, loss of child support received, etc.)

Loss of income/benefits took effect in the 2017 tax year *(complete SECTION A and C)* *or* Loss of income/benefits took/will take effect in the 2018 tax year *(complete SECTION B and C)*

Please attach letter from employer, unemployment statement, most recent pay stub(s), etc.

Unreimbursed medical/dental expenses (out-of-pocket expenses after insurance payments, etc.)

Amount paid during the 2017 tax year \$ _____ .00 *(complete SECTION A and C)* *or* Amount paid/ during the 2018 tax year \$ _____ .00 *(complete SECTION B and C)*

Please attach copies of year-to-date payment statement(s), 1040 Schedule A (if applicable), etc.

Other unusual/one-time occurrence expenses/payments (unreimbursed expenses for elder care of loved one, adult child not living in household, funeral expenses, etc. or one-time cash/income payments received inflating AGI such as retirement fund rollover):

Amount paid during the 2017 tax year \$ _____ .00 *(complete SECTION A and C)* *or* Amount paid/anticipated during the 2018 tax year \$ _____ .00 *(complete SECTION B and C)*

Expense: _____ Expense: _____

Expense: _____ Expense: _____

Please attach copies of supporting documentation

Continued on next page

UD ID #: _____

Name: _____

Complete either section A or B, based on your responses on page one. Refers to individuals whose information was provided on your 2018-19 FAFSA.

SECTION A:

Actual 2017 Income			
<i>Please provide all ACTUAL income sources from January 1 - December 31, 2017. Also, provide copies of most recent pay stub for all wage earners listed below.</i>			
Student/Spouse Information		Parent Information (dependent students)	
Actual 2017 Taxable Income		Actual 2017 Taxable Income	
Student's earned income	\$ _____ .00	Father/stepfather's earned income	\$ _____ .00
Spouse's earned income (if applicable)	\$ _____ .00	Mother/stepmother's earned income	\$ _____ .00
Other taxable income*	\$ _____ .00	Other taxable income*	\$ _____ .00
Total taxable student income	\$ _____ .00	Total taxable parent income	\$ _____ .00
<i>* including, but not limited to, unemployment compensation, alimony received, distributions from Ira/pension/annuity, business income, gains, etc.)</i>			
Actual 2017 Non-taxable Income		Actual 2017 Non-taxable Income	
Child support received	\$ _____ .00	Child support received	\$ _____ .00
Other non-taxable income**	\$ _____ .00	Other non-taxable income**	\$ _____ .00
Total non-taxable student income	\$ _____ .00	Total non-taxable parent income	\$ _____ .00
<i>** including, but not limited to, untaxed portions of IRA/pension/annuity disbursements, IRA deductions and payments, tax exempt interest income, etc.)</i>			

SECTION B:

Estimated 2018 Income			
<i>Please provide all ANTICIPATED income sources your family expects to have from January 1 - December 31, 2018. Also, provide copies of most recent pay stub for all wage earners listed below.</i>			
Student/Spouse Information		Parent Information (dependent students)	
Estimated 2018 Taxable Income		Estimated 2018 Taxable Income	
Student's earned income	\$ _____ .00	Father/stepfather's earned income	\$ _____ .00
Spouse's earned income (if applicable)	\$ _____ .00	Mother/stepmother's earned income	\$ _____ .00
Other taxable income*	\$ _____ .00	Other taxable income*	\$ _____ .00
Total taxable student income	\$ _____ .00	Total taxable parent income	\$ _____ .00
<i>* including, but not limited to, unemployment compensation, alimony received, distributions from Ira/pension/annuity, business income, gains, etc.)</i>			
Estimated 2018 Non-taxable Income		Estimated 2018 Non-taxable Income	
Child support received	\$ _____ .00	Child support received	\$ _____ .00
Other non-taxable income**	\$ _____ .00	Other non-taxable income**	\$ _____ .00
Total non-taxable student income	\$ _____ .00	Total non-taxable parent income	\$ _____ .00
<i>** including, but not limited to, untaxed portions of IRA/pension/annuity disbursements, IRA deductions and payments, tax exempt interest income, etc.)</i>			

UD ID #: _____

Name: _____

SECTION C: Required for all appeal reasons.

Briefly explain your reason for requesting additional financial aid and be sure to provide supporting documentation.

Signatures Required:

I (We) certify that I (we) have read all instructions and attached all required documentation to allow for a thorough review of this appeal. I (we) also realize that completing this form *does not* guarantee an increase to the current financial aid award.

Student's signature

Parent's signature

Date

Date

Office of Financial Aid

300 College Park
Dayton, Ohio 45469 -1605
FAX: 937-229-4338
www.finaid.udayton.edu