



Special Circumstance Appeal Form 2016-2017

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 2016 - 2017 expected family contribution (EFC), which in turn affects your need.

Instructions

We must have the results of your **2016-2017 Free Application for Federal Student Aid (FAFSA) or Renewal FAFSA** on file in order to review this form. The FAFSA can be filed online at <http://www.fafsa.gov>. If your FAFSA was selected for **federal verification**, you must complete that process **before** your special circumstance appeal form can be reviewed.

Please complete this form in its entirety. In addition to the Special Circumstance Form, please provide any documentation that supports your reason for your appeal and include the student's name and student ID number on all documents submitted to insure proper identification. This form (and all accompanying documentation) can be mailed, faxed or emailed using the contact information on page two.

Your appeal will be evaluated by the Financial Aid staff within a timely manner based on the volume received. **Please allow up to four (4) weeks for review during peak processing (March through June)**. For your convenience, you can **email, mail or fax** the documentation us. If you need assistance in completing this form, please **contact us**.

Student Information

Last Name:	First Name:	MI:
Address:		
City:	State:	Zip:
Home Phone Number: ()	Cell Phone Number: ()	
UD Student ID number:	Social Security Number:	- -
Your grade level for the 2015-2016 academic year:	<input type="checkbox"/> First year <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior	

Reason(s) For Appeal

Involuntary loss of income/benefits: <i>(due to unemployment, loss of overtime, loss of non-recurring income/benefits, death of wage earner, divorce, separation, loss of child support received, etc.)</i> Date loss of income/benefit took affect: ___ / ___ / ___ <i>Please attach letter from employer, unemployment statement, most recent pay stub(s), etc.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unreimbursed elementary and/or secondary school tuition expenses: Amount paid during the 2015-16 academic year: \$ _____ .00 Anticipated amount to be paid in 2016-17 academic year: \$ _____ .00 <i>Please attach proof from school(s) of amount paid/to be paid</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unreimbursed medical/dental expenses: Amount paid in 2015: \$ _____ .00 Amount paid to date in 2016: \$ _____ .00 <i>Please attach copies of year-to-date payment statement(s), 1040 Schedule A (if applicable), etc</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____ <i>Please attach copies of supporting documentation</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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UD ID #: _____

Name: _____

Briefly explain your reason for requesting additional financial aid and provide supporting documentation:

Estimated Forward-Year Income: <i>REQUIRED for all appeals</i> <i>Please provide your best estimate of the following income sources from January 1, 2016 to December 31, 2016.</i>			
Student/Spouse Information		Parent Information (<i>dependent students</i>)	
Estimated 2016 Taxable Income		Estimated 2016 Taxable Income	
Student's earned income	\$ _____ .00	Father/stepfather's earned income	\$ _____ .00
Spouse's earned income	\$ _____ .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 2016 Non-taxable Income		Estimated 2016 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>			

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

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