

STUDENT INFORMATION

FCXXASPC

Name: _____ Student ID: _____

APPEALABLE CIRCUMSTANCES

- Loss of employment or significant drop in income since 2024
- Loss of earnings due to natural disaster or disability
- Loss of untaxed income or benefit
- Loss of income due to separation or divorce after FAFSA application was submitted
- Death of a spouse/parent after FAFSA was submitted
- This is not a complete list. If you think you have cause for a Special Circumstance Appeal, contact the Office of Financial Aid

APPLICATION PROCESS & REQUIRED DOCUMENTATION

With this application, please complete and submit the following:

- 2026–2027 FAFSA.
- 2024 Taxes (1040 and all schedules or Tax Return Transcript from www.IRS.gov) for
 - Student
 - Spouse (If applicable)
 - Parent listed on the FAFSA & their Spouse (if applicable)
 - If no taxes were filed, a written statement of non-filing with any W-2(s) for 2024
- Documentation that supports the reason for submitting (examples below)

Loss of employment or significant drop in income since 2024	Signed copy of 2024 Federal Tax return Copies of 2024 W2 form(s) Letter of Termination or Loss of Employment from former employer noting last day worked Last or most recent pay stubs for at least 3 months Copy of Unemployment Compensation or copy of Disability Compensation Copies of supporting documents for all current household income
Loss of earnings due to natural disaster or disability	Signed copy of 2024 Federal Tax return Copies of 2024 W2 form(s) Letter documenting disability or natural disaster Last or most recent pay stubs for at least 3 months Copies of supporting documents for all current household income
Loss of untaxed income or benefit	Signed copy of 2024 Federal Tax return Copies of 2024 W2 form(s) Documentation of untaxed benefit Evidence that Unemployment or Disability Compensation, etc. has ended Proof that one-time benefit has been spent and will not reoccur Copies of supporting documents for all current household income
Loss of income due to separation or divorce after FAFSA application was submitted	Signed copy of 2024 Federal Tax return Copies of 2024 W2 form(s) Proof of separation or divorce
Death of a spouse/parent after FAFSA was submitted	Signed copy of 2024 Federal Tax return Copies of 2024 W2 form(s) Copy of death certificate

Failure to provide the required documents will delay the process. Once the appeal is processed, you will receive notification of the results via student email. If the revisions result in additional federal eligibility, you will also receive a revised award notification email.

FAMILY INFORMATION

Dependent Students	Independent Students
List the people in your parent’s household including:	List the people in your household including:
<ul style="list-style-type: none"> • Yourself and your parent(s), including step-parent 	<ul style="list-style-type: none"> • Yourself, and your spouse if you have one
<ul style="list-style-type: none"> • Your parent’s other children, if your parents will provide more than half of their support from July 1, 2026 through June 30, 2027 OR the children would be required to provide parental information when filling out the FAFSA 	<ul style="list-style-type: none"> • Your children, if you will provide more than half of their support from July 1, 2026 through June 30, 2027
<ul style="list-style-type: none"> • Other people if they now live with your parents and your parents provide more than half of their support and will to continue to from July 1, 2026 through June 30, 2027 	<ul style="list-style-type: none"> • Other people if they now live with you and you provide more than half of their support and will continue to from July 1, 2026 through June 30, 2027

If more space is needed, attach a separate page with the student’s name and student ID at the top.

Full Name	Age (required)	Relationship to Student	College	Will be enrolled at least HALF-TIME (Yes or No)
		Self	ESCC	

PERSONAL STATEMENT (Required)

Please explain the circumstances that changed. Attach a separate sheet of paper if necessary.

CERTIFICATION STATEMENT

I certify that all of the information on this form and accompanying documents are true and complete to the best of my knowledge. Furthermore, I affirm that I have not knowingly or intentionally provided any false or fraudulent information.

Student Signature: _____ **Date:** _____

Parent Signature (if parent information is provided): _____ **Date:** _____

FOR OFFICE USE ONLY

FINANCIAL AID COORDINATOR/ADVISOR SECTION

All required documentation attached.

Comments _____

FINANCIAL AID DIRECTOR SECTION

- Special Circumstance Worksheet attached.
- Accepted
- Denied

Changes sent to transaction #_____. Anticipated EFC on transaction #_____ to be _____.

Comments _____

