



Financial Assistance Department Special Circumstances Appeal Request 2024-2025 Academic Year

Student ID _____

First Name _____

Last Name _____

Day Phone Number _____

Evening Number _____

On occasion, families experience extenuating circumstances which merit basing their financial assistance eligibility on their predicted income information. This is usually due to loss of a job, death, or extraordinary or unusual medical/dental expenses. If you feel that you have extenuating circumstances not addressed on your original FAFSA, you must complete this form to request a reevaluation of your financial aid eligibility. ***Incomplete appeals will not be processed.***

1. Please check the term for which you are submitting a Special Circumstances Appeal. The deadlines* are as follows:

Fall 2024 July 1, 2024	<input type="checkbox"/>
Spring 2025 December 1, 2024	<input type="checkbox"/>
Summer 2025 April 20, 2025	<input type="checkbox"/>

*Extreme extenuating circumstances that occur outside of the deadlines will be reviewed on a case-by-case basis. Please contact the Financial Assistance Department.

2. Identify below the situation that best describes your reason for requesting a professional judgement (circle one).
3. Write a detailed explanation of your circumstances.
4. Submit copies of all previous signed 2022 federal tax returns, schedules, and W-2's
5. Attach appropriate documentation to support your circumstances.
6. Submit completed appeal request and provide all documentation to the nearest Financial Assistance office.

Allowable Special Circumstances

Additional Documentation Required

1. Loss of Income, at least 6 weeks from termination/separation/salary reduction.

Estimated income worksheet, copy of termination or reduction letter, last two pay stubs, unemployment compensation and/or other documentation

2. Liquidation of assets
(filed for bankruptcy or foreclosure)

Official documentation of bankruptcy or foreclosure with letter from the creditor stating what portion of capital gain paid off debt.

3. Unusual medical/dental
(Extraordinary medical bills not covered by insurance must be greater than 11% of family income)

Copy of bills from insurance company stating they are not paying. Or copy of receipts, canceled checks showing expenses paid.

4. Death of parent or spouse

Copy of death certificate, and documentation of household income from previous year.

Please provide a detailed explanation of your circumstance here: Attach additional sheets if necessary.

Certification Statement

I/we certify that all or the information provided, and the supporting documentation submitted is true and accurate and represents my situation as described in this Special Circumstances Appeal Request Form.

I/we understand that all supporting documentation must accompany this request and that failure to submit the required documentation will result in an automatic denial of my Special Circumstances Appeal Request.

I/we realize that underestimating projected income could result in reduced eligibility, repayment of assistance, or both.

I/we further understand that purposely giving false or misleading information to obtain student financial assistance may subject me/us to fines or other penalties.

Everyone who has provided information must sign below or this form will be returned unprocessed.

Student Signature _____

Spouse Signature _____
(if married)

Parent Signature _____

Parent Signature _____

(if parent information required)

(if parent information required)

You may return this form by:

Mail	Email	Hand Delivery
College of Southern Maryland Financial Assistance Department P. O. Box 910 La Plata, MD 20646	finaid@csmd.edu	FAD Office Prince Frederick, Leonardtown, La Plata Campuses



Student Name _____

Student ID _____

2024 ESTIMATED INCOME WORKSHEET

- 1. Income earned from work by your father
1/1/2024 to the present \$ _____
 - 2. Income earned from work by your mother
1/1/2024 to present \$ _____
 - 3. All other income your parent's received from all
sources 1/1/2024 to present (include unemployment,
welfare, disability, worker's compensation, child support,
or bills paid by another person, any other income.) \$ _____
 - 4. Estimated income to be earned from work by your
father from present to 12/31/2024 \$ _____
 - 5. Estimated income to be earned from work by your
mother from present to 12/31/2024 \$ _____
 - 6. Estimated income from all other sources to be
received by your parents from present to
12/31/2024 (include all sources, as stated in
number 3 above) \$ _____
- ADD ITEMS 1 THRU 6 ABOVE TO ARRIVE AT TOTAL 2023
ESTIMATED PARENT'S INCOME. \$ _____

I (We) certify that the information presented above is true and accurate to the best of my (our) knowledge and belief.

Mother's Signature _____ Date _____

Father's Signature _____ Date _____