



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.***

- Please check the term for which you are submitting a Special Circumstances Appeal. The deadlines* are as follows:
 - Fall 2024 | July 1, 2024
 - Spring 2025 | December 1, 2024
 - Summer 2025 | April 20, 2025

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

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

Allowable Special Circumstances

- Loss of Income, at least 6 weeks from termination/separation/salary reduction.
- Liquidation of assets (filed for bankruptcy or foreclosure)
- Unusual medical/dental (Extraordinary medical bills not covered by insurance must be greater than 11% of family income)
- Death of parent or spouse

Additional Documentation Required

- Estimated income worksheet, copy of termination or reduction letter, last two pay stubs, unemployment compensation and/or other documentation
- Official documentation of bankruptcy or foreclosure with letter from the creditor stating what portion of capital gain paid off debt.
- Copy of bills from insurance company stating they are not paying. Or copy of receipts, canceled checks showing expenses paid.
- 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@csm.edu	FAD Office Prince Frederick, Leonardtown, La Plata Campuses



Student Name _____

CSM Student ID _____

2024 ESTIMATED INCOME WORKSHEET

- 1. Income earned from work by you 1/1/2024 to present \$ _____
 - 2. Income earned from work by your spouse (if married) 1/1/2024 to present \$ _____
 - 3. All other income from all sources 1/1/2024 to present (include unemployment, welfare, disability, worker’s compensation, cash support or bills paid for you by another person, child support, any other income.) \$ _____
 - 4. Estimated income to be earned from work by you from present to 12/31/2024 \$ _____
 - 5. Estimated income to be earned from work by your Spouse (if married) from present to 12/31/2024 \$ _____
 - 6. Estimated income from all other sources to be received 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 2024 ESTIMATED INCOME.** \$ _____

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

Your Signature _____ Date _____

Spouse’s Signature _____ Date _____