



## 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 revaluation 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 ☐  
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.

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

1. Loss of Income, at least 6 weeks from termination/separation/salary reduction.
2. Liquidation of assets  
(filed for bankruptcy or foreclosure)
3. Unusual medical/dental  
(Extraordinary medical bills not covered by insurance must be greater than 11% of family income)
4. 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	<a href="mailto:finaid@csm.edu">finaid@csm.edu</a>	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\_\_\_\_\_