



## Financial Assistance Department Special Circumstances Appeal Request 2025-2026 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 to ensure processing by payment dates are as follows:  
Fall 2025 | July 1, 2025  
Spring 2026 | December 1, 2025  
Summer 2026 | April 20, 2026
2. Identify below the situation that best describes your reason for requesting a professional judgment (circle one).
3. Write a detailed explanation of your circumstances.
4. Submit copies of all previous signed 2023 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 expenses  
(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, copy of receipts, or 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 below. 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@csmd.edu">finaid@csmd.edu</a>	Financial Assistance Department Office La Plata, Leonardtown, Prince Frederick Campuses



Student Name\_\_\_\_\_

Student ID\_\_\_\_\_

**2025 ESTIMATED INCOME WORKSHEET**

1. Income earned from work by your father  
1/1/2025 to the present \$ \_\_\_\_\_
2. Income earned from work by your mother  
1/1/2025 to present \$ \_\_\_\_\_
3. All other income your parents received from all sources  
1/1/2025 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 12/31/2025 \$ \_\_\_\_\_
5. Estimated income to be earned from work by your  
mother from present to 12/31/2025 \$ \_\_\_\_\_
6. Estimated income from all other sources to be  
received by your parents from present to  
12/31/2025 (include all sources, as stated in  
number 3 above) \$ \_\_\_\_\_
- ADD ITEMS 1 THRU 6 ABOVE TO ARRIVE AT  
TOTAL 2025 ESTIMATED PARENTS' 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\_\_\_\_\_