



Special Circumstances Appeal Form

SECTION A: REASON FOR SPECIAL CIRCUMSTANCES CONSIDERATION

Please review the chart below and indicate which Special Circumstance applies to you. Documentation listed as required that has not been submitted will cause a delay in our ability to review your request until every required piece has been received.

Please note that additional information/documentation may be requested by Financial Services if deemed necessary.

Special Circumstance	For Dependent Students	For Independent Students	Required Documentation
<input type="checkbox"/> Loss of Income: -Loss of Employment -Child Support/Alimony -Retirement/Pension -Social Security (Taxed) -Worker's Compensation	Your parent(s) and/or you received benefits or income which have ceased or been reduced.	You and/or your spouse received benefits or income which have ceased or been reduced.	Complete signed copies of: -Federal Tax Return Transcripts or 1040 forms* -Benefit Statement(s) listing total received and effective date -W-2 statements and most recent pay-stub
<input type="checkbox"/> Separation/Divorce	Your parents separated or divorced AFTER filing the FAFSA.	You and your spouse have separated or divorced AFTER filing the FAFSA.	Complete signed copies of: -Federal Tax Return Transcripts or 1040 forms* -W-2 statements for parents/student -Divorce decree or separation agreement
<input type="checkbox"/> Death of Parent/Spouse	A parent has died AFTER filing the FAFSA.	Your spouse has died AFTER filing the FAFSA.	Complete signed copies of: -Federal Tax Return Transcripts or 1040 forms* -W-2 statements for parents/student -Death Certificate
<input type="checkbox"/> Medical/Dental Expense	Your parent(s) or your medical expenses paid exceed 11% of Adjusted Gross Income.	Your and/or your spouse's medical expenses paid exceed 11% of Adjusted Gross Income.	Complete signed copies of: -Federal Tax Return Transcripts or 1040 forms* -Proof of medical bill payments -Proof of actual expenses paid not covered by insurance
<input type="checkbox"/> One Time Payment Received	Your parent(s) received a one-time lump sum payment of monies.	You and/or your spouse received a one-time lump sum payment of monies.	Complete signed copies of: -Federal Tax Return Transcripts or 1040 forms* -Documents detailing one-time payment amount, source, and reason

*You must provide either an official IRS Tax Return Transcript or a signed 1040 form from the year(s) you are asking to be considered. Official Tax Return Transcripts should be requested at <https://www.irs.gov/individuals/get-transcript>.

SECTION B: EXPLANATION OF SPECIAL CIRCUMSTANCES

Please attach a written statement detailing the specifics of your circumstances. You should provide any pertinent information that will help us better understand your particular situation. Please be sure to sign and date your written statement once completed.

SECTION C: PROJECTED INCOME & BENEFITS

Source of Income:

	(Step) Father	Step (Mother)	Student	Student's Spouse
Wages, Tips, Salary				
Interest and/or Dividend Income				
Business/Farm Income				
Unemployment Compensation				
Worker's Compensation				
Pensions/Annuities				
Severance Pay				
Retirement Benefits				
Disability Benefits				
Social Security Benefits				
Alimony				
Welfare Benefits				
Other				
TOTAL:				

-Medical/Dental Expenses: \$ _____ (Only if your special circumstance appeal is for medical/dental expenses paid)
-Amount of Lump Sum Received: \$ _____ (Only if your special circumstances appeal is for a one-time lump sum payment received)

SECTION D: STATEMENT OF CERTIFICATION

All of the information contained in this appeal is true and complete to the best of my knowledge. If requested, I agree to provide additional documentation to substantiate the information provided. I understand that all special circumstance appeals are reviewed on a case-by-case basis and this written request does not guarantee approval and/or may not result in an actual change in the financial aid already offered. All persons providing information must sign below.

Student Signature

Date

Spouse Signature (if applicable)

Date

Parent Signature (if applicable)

Date

Completed Special Circumstance Appeals can be forwarded to Financial Services via one the following:

MAIL: Montreat College
Office of Student Financial Services
P.O. Box 1267
Montreat, NC 28757

FAX: (828) 412-0257
EMAIL: financialservices@montreat.edu