2013-2014 Special Circumstances Appeal Form

Dependent Student Application

Deadline to submit an appeal for the 2013-2014 award year is April 1, 2014.

- Priority deadline: June 1, 2013. Applications received by the priority deadline will be reviewed by July 1, 2013.
- Applications received after the priority deadline will be reviewed in the order in which they are received.

Do not complete this form unless you have already applied for financial aid using the 2013-2014 Free Application for Federal Student Aid (FAFSA) and have received an award letter from Evangel University for the 2013-2014 award year.

If you have not filed the FAFSA, please complete the on-line form as soon as possible at: www.FAFSA.gov

The purpose of this 2013-2014 Special Circumstances Appeal form is for you to explain the changes in your family’s financial situation during the 2013 calendar year. This form allows for a review of circumstances that were not considered when you completed the 2013-2014 FAFSA. Please note that the Committee will not consider consumer debt (e.g., auto loans, credit card payments, foreclosure, bankruptcy) as a condition for professional judgment consideration. If your appeal is approved, the data that you provide on this form will be used in re-evaluating your eligibility for federal financial aid. Submission of this form does not guarantee a change in your financial aid eligibility or award(s). The decision of the Student Financial Services Office at Evangel University is final and cannot be appealed to the U.S. Department of Education.

Step 1: Your file must be verified for accuracy before the Special Circumstances review can begin. If your 2013-2014 FAFSA was selected for verification and you and your parents have already sent your 2012 federal tax return transcripts, W-2 Forms and verification worksheets to our office, do not send a second copy. If you were not selected for verification, please provide the following information and the specific documents required to consider your situation:

- Complete, sign, and date the 2013-2014 Verification Worksheets (4 pages) available on our website at http://www.evangel.edu/SFS/Forms/index.asp
- Submit copies of student and parent(s) 2011 IRS Tax Return Transcript and W-2 Forms. Additional tax documents may be requested depending on the circumstance.

Step 2: Review the attached appeal form and check the circumstance(s) that best describe your situation, attach all required documentation, and submit to the Student Financial Services Office at the fax number or address listed below. Please submit photocopies, as no documents will be returned. If additional documentation is requested from our office to assist our Special Circumstances evaluation, please indicate: Special Circumstances and put the student’s name on each document when submitting to:

Student Financial Services Office
Evangel University
1111 North Glenstone Avenue
Springfield, Missouri 65802
Phone: (417) 865-2815, ext. 7300 • FAX: (417) 575-5478
2013-2014 Dependent Student Special Circumstances Appeal Form

APPEALS WILL ONLY BE PROCESSED WITH THE APPROPRIATE DOCUMENTATION ATTACHED.

Student’s Last Name (Please print)    First Name    MI

Social Security Number    Date of Birth    Student’s E-mail address

Address    City    State    Zip Code

Parent’s Telephone Number    Student’s Telephone Number    Parent’s E-mail address

PLEASE READ CAREFULLY – CHECK ALL THAT APPLY

If you were considered a “Dependent” student when you completed the FAFSA, you and/or your parents must meet at least one of the following special circumstances.

Circumstances That Affect Parents: Check the categories that apply to your parents.

☐ A. Reduction or loss of income from work for at least ten (10) weeks in 2013.

☐ Mother/Stepmother or ☐ Father/Stepfather

1. Layoff/Termination – Last date worked (mm/dd/yy): __________________

   Documentation Required:
   a. A letter in your own words explaining the reduction or loss of income.
   b. A signed letter from employer on company letterhead stating effective date.
   c. Copy of the last pay statement showing gross year-to-date income from each job worked for both mother and father.
   d. Copy of the letter from your state’s unemployment office listing: 1) start and end date of unemployment benefits; 2) weekly amount; and 3) maximum amount of unemployment compensation, or 4) letter from your state that unemployment benefits were denied.
   e. Did you receive severance pay? ☐ No ☐ Yes
   f. Documentation of any severance pay received, IRA’s, stocks, bonds, pensions, etc. converted to cash.
   g. Has the parent started another job? ☐ No ☐ Yes
      If yes, give start date (mm/dd/yy): __________________. Submit a copy of a recent pay statement. Please highlight or write pay frequency on each pay statement submitted (monthly, bi-weekly, or weekly).
Continued: Reduction or loss of income from work for at least ten (10) weeks in 2013.

2. Disability beginning in 2013.
   Date disability started: ____________________ ended: ____________________

   Documentation Required:
   a. A signed statement from a physician indicating the start date of the disability and the expected length of time of inability to work.
   b. Documentation of any worker’s compensation disability benefits you have/will receive in 2013.
   c. Document any social security or other disability income you have/will receive in 2013.
   d. Copy of the last pay statement showing gross year-to-date income from each job worked for both mother and father.

☐ B. Reduction or loss of other taxable income/benefits for at least ten (10) weeks in 2013.

   1. Unemployment compensation ♦ Copy of the letter from your state’s unemployment office listing 1) start and end date of unemployment benefits; 2) weekly amount; and 3) maximum amount of unemployment compensation for 2013.
   2. Alimony ♦ Submit court documents stating when alimony is to end and total amount of alimony that was received in 2013.

☐ C. Loss of untaxed income and/or benefits for at least ten (10) weeks in 2013.

   Submit documentation, dates, and total amount received for all applicable resources:

   1. Child Support ♦ Date child support ended: ____________________

      Official document or signed personal statement indicating date child support ended and total amount received in 2013.

   2. Other untaxed income and/or benefits ♦ (Circle all that apply).

      Worker’s Compensation, Veteran’s Death Benefits, Dependency and Indemnity Compensation (DIC), housing, food and other living allowances for military/clergy and others.

☐ D. Separation of parents in 2013.

   Date of legal separation (mm/dd/yy): ____________________

   Which parent will the student live with? ____________________

   Who will provide the most support? ____________________

   Documentation Required:
   a. Copy of custodial parent’s year-to-date earnings statement.
   b. Signed statement documenting amount of child support or alimony.
   c. Copy of legal separation.

☐ E. Divorce of parents in 2013.

   Date of divorce (mm/dd/yy): ____________________

   Which parent does the student live with? ____________________

   Who provides the most support? ____________________

   Documentation Required:
   a. Copy of custodial parent’s year-to-date earnings statement.
   b. Signed statement documenting amount of child support or alimony.
   c. Copy of divorce decree.

☐ F. Death of parent in 2013.

   □ Mother/Stepmother □ Father/Stepfather

   Date of death (mm/dd/yy): ____________________

   a. Submit a copy of the death certificate or obituary
   b. Copy of surviving parent’s year-to-date earnings statements.
G. Expenses paid
1. Unusually high medical or dental expenses paid out of pocket by family in 2013 (do not include insurance premiums).
   Documentation Required:
   a. Complete the attached Medical/Dental Documentation Form. Submit form and copies of supporting documentation/receipts as proof of payments made in 2013. Include a copy of the payment agreement with the hospital or health organization, if applicable.

2. Catastrophic event in 2013.
   Documentation required:
   a. Submit a letter explaining the situation.
   b. Official report, invoices and receipts of expenses paid by the family not covered by insurance.
   c. Copy of statement(s) from the insurance company of any paid or denied claims.

H. Private tuition for elementary or secondary school due to medical or other reasons outside a family’s control, which require a private education.
(Appplies to tuition only for siblings considered part of the college student’s household. Do not include scholarship amounts as part of tuition paid.)
   Documentation Required:
   a. Submit a letter explaining the medical condition or other reason requiring that the sibling attend a private elementary or secondary school.
   b. A signed letter on school letterhead stating the student’s name and tuition amount paid for the previous school year (2012-2013).

I. Parent enrolled in college (applies only to first bachelor’s degree program).
(Parent must be degree-seeking and enrolled at least half-time during the school year of July 1, 2013 through June 30, 2014.)
   □ Mother/Stepmother or □ Father/Stepfather
   Is parent receiving employer tuition reimbursement? □ No □ Yes If yes, what amount? _________
   Name and location of the College/University: ____________________________________________
   Documentation Required:
   a. Complete the attached Parent in College Verification Form.

J. Roth IRA Rollover (only applies to parents that used the IRS Data Retrieval Tool option when completing the 2013-2014 FAFSA).
   a. Signed Copy of 2012 1040 or 1040A Federal Tax Return.

Circumstances That Affect Dependent Students: Check the categories that apply to you.

K. Loss of student’s taxable income in 2013.
   1. Your 2012 income was greater than $9,500 and you are expecting a significant reduction in your income during 2013 ♦ Reason for reduction in income:
      Documentation Required:
      a. A signed letter from employer on company letterhead stating effective date.
      b. Copy of the last pay statement showing gross year-to-date income from each job worked.
      c. Have you started another job? □ No □ Yes
         If yes, give start date (mm/dd/yy): ______________________
         Submit a copy of most recent pay statement. Please highlight or write pay frequency on each pay statement submitted (monthly, bi-weekly, or weekly).
## Anticipated Total Income and Benefits Worksheet

**January 1, 2013 through December 31, 2013**

### 2013-2014 Special Circumstances Appeal Form

<table>
<thead>
<tr>
<th>All sources of income for 2013</th>
<th>Father/Stepfather</th>
<th>Mother/Stepmother</th>
<th>Student (for Section K only)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2013 Anticipated Gross Wages Earned from Work</strong>&lt;br&gt;(January 1, 2013 to December 31, 2013)</td>
<td>$_______________</td>
<td>$_______________</td>
<td>$_______________</td>
</tr>
</tbody>
</table>
| • Include wages already earned. | | | Have you earned income from Federal Work Study
| • Include wages you anticipate earning. | | | □ No □ Yes |
| • Provide year-to-date pay stubs as documentation. | | | |

### Other 2013 Taxable Income:

Document both the amount and the source:

**Examples:**
- Unemployment compensation
- Taxable portion of Social Security benefits
- Severance pay, interest income, dividends
- Alimony
- Business income, capital gains, pensions, and annuities (minus rollover amounts), IRA’s (minus rollover amounts), rents, royalties, partnerships, estates, trusts, life insurance payment, and any other taxable income.

| | Father/Stepfather | Mother/Stepmother | Student (for Section K only) |
| | $_______________ | $_______________ | $_______________ |
| | $_______________ | $_______________ | $_______________ |
| | Identify source of the income from examples*: | Identify source of the income from examples*: | Identify source of the income form examples*: |
| | | | |

### Untaxed 2013 Income or Benefits:

Document both the amount and the source:

**Examples:**
- Social Security Benefits (untaxed portions), child support received for all children, worker’s compensation, Veteran’s Death Benefits, Dependency and Indemnity Compensation (DIC), housing, food, pensions, annuities, other living allowances for military/clergy/other, and any other untaxed income.

| | Father/Stepfather | Mother/Stepmother | Student (for Section K only) |
| | $_______________ | $_______________ | $_______________ |
| | $_______________ | $_______________ | $_______________ |
| | Identify source of the income from examples*: | Identify source of the income from examples*: | Identify source of the income form examples*: |
| | | | |

### Certification:

Please read and sign below.

My signature and date below certifies that the information provided on this form and the contents of any and all attachments are true to the best of my knowledge.

<table>
<thead>
<tr>
<th>Student’s signature</th>
<th>Date</th>
<th>Parent’s signature</th>
<th>Date</th>
</tr>
</thead>
</table>
2013-2014
Special Circumstances Appeal: Medical/Dental Documentation Form

Student’s Name: ________________________________ Date: ____________________

Social Security Number: ______________________ Date of Birth: _________________

Use this form to list the medical/dental expenses paid out of pocket (do not include insurance premiums) during 2013. The total must be greater than 11 percent of your Income Protection Allowance* based on your 2013-2014 FAFSA. *Contact Student Financial Services for details.

**ATTACH a copy of your documentation to this form:**
Photocopy this form if you need additional lines to document expenses.

<table>
<thead>
<tr>
<th>Date Paid</th>
<th>Amount Paid</th>
<th>Identify and attach documentation of payments made in 2013: copy of bill, receipt, check, payment plan, etc.</th>
</tr>
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</tbody>
</table>

**TOTAL =** _______________  Amount paid out-of-pocket as of ____________________
### 2013-2014 Special Circumstances Appeal Parent in College Verification Form

**Please Note:** Your parent must be enrolled at least half-time (6 credit hours) and be pursuing a degree or certificate in order for your appeal to be considered. The institution must be accredited and recognized by the U.S. Department of Education to be considered.

#### SECTION A: EVANGEL UNIVERSITY STUDENT INFORMATION

<table>
<thead>
<tr>
<th>NAME</th>
<th>SSN</th>
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#### SECTION B: PARENT INFORMATION

<table>
<thead>
<tr>
<th>NAME</th>
<th>SSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
</tr>
</tbody>
</table>

**SIGNATURE**

**DATE**

*Parent in college must sign to authorize release of information.*

#### SECTION C: TO BE COMPLETED BY THE PARENT’S OFFICE OF STUDENT FINANCIAL AID OR REGISTRAR’S OFFICE

Please check your records to see if the person listed in Section B is enrolled at your institution and complete the questions below:

- Yes ☐ No ☐ Is your institution recognized by the U. S. Department of Education?
- Yes ☐ No ☐ The student listed in Section B is enrolled at this institution at least half-time during July 1, 2013 through June 30, 2014.
- Yes ☐ No ☐ The student is enrolled in an undergraduate degree or certificate program.

If yes, indicate program: ___________________________ Expected completion date: ___________________________

Dates of applicable enrollment period: ___________________________ to ___________________________

☐ If the student listed in Section B is NOT enrolled at this institution for 2013-2014, please check this box.

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Financial Aid Director / Registrar Signature

Date

Name of Institution, Address and Telephone Number

________________________________________

**Upon completion please return to:**

Student Financial Services
Evangel University
1111 North Glenstone Avenue
Springfield, MO 65802

Phone: (417) 865-2815, ext. 7300 • FAX (417) 575-5478