

# EVANGEL

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## UNIVERSITY

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ARTS, SCIENCES & PROFESSIONS

### 2017-2018 Special Circumstances Appeal Form

Applications are reviewed in the order in which they are received until **September 1, 2017**.

**Do not complete this form unless you have already applied for financial aid using the 2017-2018 Free Application for Federal Student Aid (FAFSA) and have received an award letter from Evangel University. If you have not filed the FAFSA, please complete the on-line form at: [www.FAFSA.gov](http://www.FAFSA.gov)**

The Special Circumstances Appeal form allows you to explain changes in your family's financial situation during the 2016 calendar year and for us to review of circumstances not considered when you completed the 2017-2018 FAFSA. This financial situation may be due to loss of a job, separation or divorce, death, disability, unusual medical expenses, or other circumstances. If your family has experienced a prolonged and significant decline in family income, you may be eligible for additional financial aid funds for the current academic year.

The Committee will **not** consider consumer debt (e.g., auto loans, credit card payments, foreclosure, bankruptcy) as a condition for consideration. If your appeal is approved, your eligibility for federal and/or institutional financial aid will be reevaluated. 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.

**NOTE: No action will be taken without full documentation.**

Fax all documents to (417)575-5478. Indicate *Special Appeal* and the student's name on each document.

**Documentation is essential. Submit all of the following: (Submit Photocopies, no documents will be returned)**

- A personal statement with a parental signature that explains their situation
- Special Circumstances Appeal form completed correctly
- \*2017-18 Verification Worksheets available at <http://www.evangel.edu/SFS/Forms/index.asp>
- \*Your parents' 2015 or 2016 federal tax return transcripts and W-2s (Financial Aid Counselor will tell you which year is needed.)
- \*Your (student) 2015 or 2016 federal tax return transcripts and W-2s (Financial Aid Counselor will tell you which year is needed.)

### Appeal categories

Select the category that most closely describes your special circumstance.

**Involuntary loss or reduction of employment, loss of military employment or benefits**

Your parent earned money in 2015 and had an income reduction (loss of overtime will not be considered), or has lost employment for at least 8 weeks in 2017 that has resulted in a reduction of income. **Eight (8) weeks** must have passed prior to submission of this appeal for either circumstance.

**Documentation required:**

—**written verification** from your parent's former employer(s) that indicates start and end date of employment or reduction of hours. Former employers should document dates and amounts received for earnings, severance pay,

vacation, and retirement payout. You may provide us with a copy of your last pay stub received which should detail your year-to-date earnings, severance, etc.; **AND**

—**a written statement** from your parent's current or future employer(s) (on company letterhead) that indicates his/her expected gross earnings for the calendar year 2017. Year 2017 earnings must be documented with a letter from your parent's employer projecting earnings or with copies of your parent's two most recent pay stubs; **AND**  
—**eligibility forms** that indicate dates and amount of unemployment benefits, such as unemployment compensation you are or will be receiving. We will need a copy of your initial eligibility determination letter from the unemployment compensation office.

—Additional information for **disability**- a signed statement from physician indicating the start date and projected length of time of inability to work, or estimated date disability will end.

- Documentation of any social security, worker's compensation or other disability income received.
- Most recent pay stub with year to date gross earnings from all jobs worked for each parent.

**Separation, divorce, or death**

You must have already filed your annual Free Application for Federal Student Aid (FAFSA) and since that time, your parents have separated or divorced, or a parent has died.

**Documentation required:**

- copy of legal separation papers or divorce decree (documenting child support or alimony); **OR**
- evidence of separate living accommodations if no legal separation exists; **OR**
- a death certificate and documentation of year-to-date earnings for deceased and surviving parent.

**Loss of taxed/untaxed income or benefit**

Your parent received unemployment compensation, or another taxed or untaxed income or benefit in 2015, and has completely lost that income or benefit for at least 8 weeks in the calendar year 2017. **Eight (8) weeks** without compensation must have passed prior to your submission of this appeal.

The untaxed income or benefit must be from a public or private agency, a company, or from a person due to court order (Do not include loss of educational veteran's benefits.) Income and benefits may include: Social Security benefits, Supplemental Security Income (SSI), child support, untaxed retirement or disability benefits, welfare benefits, or living allowances.

**Documentation required:**

- copies of **all contracts, agency notices, or legal papers** that indicate the date your parent's taxed/untaxed income or benefit was terminated, what amount of income came from that source, and how that income was used. If loss of child support, provide relevant pages of court decree documenting the date it will end.

**Loss of one-time income**

Your parent received one-time income in 2015 that will not occur in 2016 (e.g., rollover into a Roth IRA, moving expense allowance, back-year Social Security payments, or a divorce settlement). Special circumstance consideration **will not** be given if this one-time income is a result of an inheritance, job bonus or overtime compensation, pension, capital gain, insurance settlements, or early distributions of retirement accounts.

**Documentation required:**

- copies of **all contracts, agency notices, or legal papers** that indicate the date your parent's one-time income was terminated, what amount of income came from that source, and how that income was used.

**Tuition expenses for private elementary or secondary education**

Your parent(s) pay elementary or secondary school tuition for a member of your family during the 2017-18 academic year. Only expenses not covered by the school or reimbursed by another agency/source will be considered. Only tuition incurred during the 2017-2018 academic year (after August 2017) will be considered.

**Documentation required:**

- a copy of the **school's enrollment contract** that includes name(s) of your parents' child(ren) enrolled during the 2017-18 academic year, tuition cost, and the amount of any scholarships or grants given by the school

**Nursing home expense/adult dependent care**

Your parent(s) are paying a nursing home or an adult dependent care facility for services provided to a family member during the 2017-18 academic year.

**Documentation required:**

- documentation that your family member is being cared for by a nursing home, other facility, person, or agency.
- documentation of your payments; i.e. copies of canceled checks or payment receipts from person, facility or agency.

**Parent enrolled at least half time in a degree or certificate college program (undergraduate, 1<sup>st</sup> degree)**

**Documentation required:**

- a paid tuition and fee statement** that indicates the number of credits for which your parent is registered during the 2017-18 academic year. If parent submits this for fall 2017, please indicate parent’s projected spring 2018 enrollment plans in your personal statement.
- documentation of any tuition reimbursement funds (employer, legal settlement, dislocated worker training etc.)

**Unusual, unreimbursed medical care expenses**

**NOTE: Only expenses already paid directly by your parent(s) will be considered.**

• **Unexpected medical expenses**—your parent(s) paid unusual or unexpected medical expenses for a member of your household that is not reimbursed. These expenses are over and above typical health maintenance costs due to an unexpected, extraordinary emergency or incident. Only those costs not covered by insurance or another agency may be considered. These expenses must be at least \$3,000. Payment of insurance premiums, regular health maintenance, and routine expenses such as eyeglasses, birth control prescriptions, and elective or cosmetic procedures (e. g., orthodontic braces) are **not** considered unusual medical expenses and **will not be considered** for the special circumstances appeal.

**Documentation required:**

- Complete the attached **Medical/Dental Documentation Form** and submit with copies of supporting documentation/receipts as proof of payments made in 2016. Include a copy of the payment agreement with the hospital or health organization, if applicable.
- **Medical expenses for certified disabled student**—if you, the student, have medical expenses due to a chronic disability, these costs may be considered in your financial aid eligibility. Disability related costs are those expenses attributed to managing a chronic illness or condition that is not due to an unexpected incident or emergency.

**Documentation required:**

- statement from a health care provider** and/or **Disability Services** that document the unusual condition; **AND**
- receipts or canceled checks** that demonstrate **payment** for medical treatment of this condition.

**Catastrophic event in 2017**

**Documentation required:**

- Official report, invoices and receipts of expenses paid by the family not covered by insurance.
- Copy of statement(s) from the insurance company of any paid or denied claims.

**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.

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Student’s Signature

Date

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Student Name Printed

Student ID

## Anticipated Total Income and Benefits Worksheet

<b>Last Name (Please Print)</b>	<b>First Name</b>	<b>MI</b>	
<b>Student ID Number</b>	<b>E-mail address</b>	<b>Preferred Telephone Number</b>	
<b>Address</b>	<b>City</b>	<b>State</b>	<b>ZIP</b>

### Income source table - January 1-December 31, 2017

	<b>Actual</b> 1/1/17 - today	<b>Estimated</b> Today - 12/31/17	<b>Total</b> Actual + estimated
<b>2016 Gross Wages Earned From Work-- Provide year-to-date pay stubs as documentation</b>			
1. Income earned from work by mother/stepmother (wages, salary, and tips, for example)			
2. Income earned from work by father/stepfather (wages, salary, and tips, for example)			
3. Income earned from work by student (wages, salary, and tips, for example)			
<b>Other 2016 Taxable Income-- Document both the amount and source</b>			
4. Unemployment compensation			
5. Taxable portion of Social Security benefits			
6. Severance pay			
7. Interest/dividend income			
8. Spousal maintenance/Alimony			
9. Business, farm, or rental income			
10. Capital gains			
11. Other (e.g., pension and annuities (minus rollover amounts), IRAs (minus rollover amounts), housing allowance, royalties, partnerships, estates, trusts, life insurance payments, and any other taxable income)			
<b>Untaxed 2016 Income or Benefits-- Document both the amount and source</b>			
12. Social Security benefits (untaxed portions)			
13. Child support received for all children			
14. Welfare benefits (such as AFDC or TANF)			
15. Veterans benefits			
16. Workers' compensation			
17. Military/Clergy allowances			
18. Dependency and Indemnity Compensation (DIC)			
19. Other (e.g. housing, food, pensions, annuities, and any other untaxed income)			

## Medical/Dental Documentation Form

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

Date \_\_\_\_\_

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

Date of Birth \_\_\_\_\_

Use this form to list the medical/dental expenses paid out of pocket (do not include insurance premiums) during 2017. The total must be greater than 11 percent of your Income Protection Allowance\* based on your 2017-2018 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.

	Date Paid	Amount Paid	Identify and attach documentation of payments made in 2017: copy of bill, receipt, check, payment plan, etc.
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
<b>TOTAL =</b>			<b>Amount paid out of pocket as of:</b>