



## 2025-2026 Special Circumstances Appeal Form

**Do not complete this form unless you have already applied for financial aid using the 2025-2026 Free Application for Federal Student Aid (FAFSA) *and* have received a financial aid offer from Evangel University. If you have not filed the FAFSA, please complete one at: [www.studentaid.gov](http://www.studentaid.gov)**

The Special Circumstances Appeal form allows you to explain changes in your family's financial situation during the 2023 calendar year and for us to review circumstances not considered when you completed the 2025-2026 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.

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). If you qualify for full Pell (have an SAI of -1500 to 0), you are receiving the highest amount of federal aid available to you and a Special Circumstance Appeal would not result in a change in financial aid.

The decision of the Office of Financial Aid at Evangel University is final and cannot be appealed to the U.S. Department of Education.

Select Student Type:

- ☐ Dependent
- ☐ Independent – Single
- ☐ Independent – Married
  
- ☐ If you are a dependent student, you will report your and your parents' information.
- ☐ If you are an independent student, you will report your information (and, if you are married, your spouse's).  
Note: An independent student is one of the following: at least 24 years old, married, a graduate or professional student, a veteran, a member of the armed forces, an orphan, a ward of the court, someone with legal dependents other than a spouse, an emancipated minor, or someone who is homeless or at risk of becoming homeless.

**NOTE: No action will be taken without complete documentation. (60-day Requirement)**

**Documentation is essential. All appeals require student to submit all the following: (Submit Photocopies, no documents will be returned)**

- ☐ A personal statement with a personal and, if necessary, a parent signature that explains the situation
- ☐ Special Circumstances Appeal form completed correctly
- ☐ 2025-26 Verification Worksheets available at <https://www.evangel.edu/financial-aid-and-scholarships/financial-aid-forms/>
- ☐ Your (student) 2023 or 2024 federal tax return transcripts and W-2s (Financial Aid Counselor will tell you which year is needed.)
- ☐ Your spouse or parents' 2023 or 2024 federal tax return transcripts and W-2s (Financial Aid Counselor will tell you which year is needed.)

**Return this form and applicable documentation via upload to your student portal, mail, or fax. Do not email.**

Office of Financial Aid  
Attn: Special Circumstance Appeal  
Evangel University  
1111 North Glenstone Avenue  
Springfield, Missouri 65802  
FAX 417.575.5478

# Appeal Categories

Select the category that most closely describes your special circumstance.

## ☐ Loss or reduction of employment, loss of military employment or benefits

You (and/or your spouse or parent) earned money in 2023 or 2024 and had an income reduction (loss of overtime will not be considered) or have lost employment for at least 8 weeks in 2024 or 2025 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 (and/or spouse's or parent's) former employer(s) that indicates start and end dates 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 the last pay stub received which should detail year-to-date earnings, severance, etc.; **AND**
- a written statement** from your (and/or spouse's or parent's) current or future employer(s) (on company letterhead) that indicates the expected gross earnings for the calendar year 2024 or 2025. Year 2024 or 2025 earnings must be documented with a letter from the employer projecting earnings or with copies of your (and/or spouse's or parent's) two most recent pay stubs; **AND**
- eligibility forms** that indicate dates and amounts of unemployment benefits, such as unemployment compensation you (and/or spouse's or parent's) are or will be receiving. We will need a copy of the 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 student and/or spouse or each parent.

## ☐ Separation, divorce, or death

Since filing your 2025-2026 FAFSA, you and your spouse or your parents have separated or divorced, or a parent or spouse 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

You (and/or your spouse or parent) received unemployment compensation, or another taxed or untaxed income or benefit in 2023 and has completely lost that income or benefit for at least 8 weeks in the calendar year 2024 or 2025. **Eight (8) weeks** without compensation must have passed prior to 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(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

You (and/or your spouse or parent) received one-time income in 2023 that will not occur in 2024 (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 account.

### Documentation required:

- copies of **all contracts, agency notices, or legal papers** that indicate the date the 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

You (and/or your spouse or parent) pay elementary or secondary school tuition for a member of your family during the 2025-26 academic year. Only expenses not covered by the school or reimbursed by another agency/source will be considered. Only tuition incurred during the 2025-26 academic year (after August 2025) will be considered.

### Documentation required:

- a copy of the **school's enrollment contract** that includes name(s) of your (and/or your spouse's or parents') dependents enrolled during the 2025-26 academic year, tuition cost, and the amount of any scholarships or grants given by the school.

☐ **Nursing home expense/adult dependent care**

You (and/or your spouse or parent) are paying a nursing home or an adult dependent care facility for services provided to a family member during the 2025-26 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.

☐ **Unusual, unreimbursed medical care expenses**

**NOTE: Only expenses already paid directly by you (and/or your spouse or parent(s)) will be considered.**

You (and/or your spouse or parent) 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. 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. The total of the expenses considered must be greater than 11% of your Income Protection Allowance.

**Documentation required:**

- Complete the attached **Medical/Dental Documentation Form** and submit with copies of supporting documentation/receipts as proof of payments made in 2024. 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 2025 or 2026**

**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.

☐ **Marital Status Change (student)**

Federal guidelines state only certain items may be updated once the FAFSA is signed. Students may not update information that was correct as of the date the FAFSA was signed. Only specific items can be updated under the following conditions, through the school's office of financial aid,

- If student's marriage resulted in a change in the student's dependency status.
- If student is selected by the Department of Education for verification of family size and that has changed since the application was filed.

**Documentation required:**

- Marital Status Change Form (see Appendix C)

*(Parent marital status changes or income and asset data may not be corrected if occurring after the FAFSA is filed. See the category for **Separation, Divorce or Death** on this form above for more information.)*

## Certification and Signature

**Certification:** Please read and sign below.

My signature and date below certify 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

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Date

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Student Name Printed

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Student ID

# Anticipated Total Income and Benefits Worksheet

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

Income source table - January 1-December 31, 2024

	Actual 1/1/25 - today	Estimated Today - 12/31/25	Total Actual + estimated
<b>2024 Gross Wages Earned from Work-- Provide year-to-date pay stubs as documentation</b>			
Income earned from work by student (wages, salary, and tips, for example)			
Income earned from work by spouse (wages, salary, and tips, for example)			
Income earned from work by father/stepfather (wages, salary, and tips, for example)			
Income earned from work by mother/stepmother (wages, salary, and tips, for example)			
<b>Other 2025 Taxable Income-- Document both the amount and source</b>			
Unemployment compensation			
Taxable portion of Social Security benefits			
Severance pay			
Interest/dividend income			
Spousal maintenance/Alimony			
Business, farm, or rental income			
Capital gains			
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 2025 Income or Benefits-- Document both the amount and source</b>			
Social Security benefits (untaxed portions)			
Child support received for all children			
Welfare benefits (such as AFDC or TANF)			
Veterans benefits			
Workers' compensation			
Military/Clergy allowances			
Dependency and Indemnity Compensation (DIC)			
Other (e.g. housing, food, pensions, annuities, and any other untaxed income)			

# Medical/Dental Documentation Form

Student’s Signature

Date

Student Name Printed

Student ID

Use this form to list the medical/dental expenses paid out of pocket (do not include insurance premiums) during 2024 or 2025. The total must be greater than 11 percent of your Income Protection Allowance\* based on your 2025-2026 FAFSA.  
\*Contact Office of Financial Aid 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 2024 or 2025: 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			
Total Amount Paid:			Amount paid out of pocket as of date:

# Marital Status Change Request

## A. Student’s Information

Student’s Last Name (Maiden if applicable)		First Name
Student ID Number	E-mail address	Preferred Telephone Number

## B. Required Items (To request consideration for a change in marital status on your FAFSA, all the following documents must be received by Office of Financial Aid.)

- 1. Copy of your (student’s) 2023 signed tax return or IRS Tax Return Transcript\* Copy of spouse’s 2023 signed tax return or IRS Tax Return Transcript
- 2. Completed and SIGNED verification forms
- 3. Copy of your Marriage Certificate
- 4. Completed and signed Special Circumstance Appeal Form with Appendix C
- 5. **Marital Status Change Request Letter** Please include the following information:
  - a. This letter must state your request to change marital status.
  - b. Address that you (student) meet the criteria to allow you to change marital status because the change will correct an inequity or better reflect ability to pay.

## C. Certification and Signature

By signing this worksheet, I (we) certify that all the information reported is complete and correct.

Print Student’s Name	
Student’s Signature	Date
Spouse’s Signature	Date

**\*\*All information requested by our office must be received in order to review your request. Incomplete files cannot be evaluated.**