



TARLETON STATE UNIVERSITY

Member of The Texas A&M University System

Tarleton State University Financial Aid is practicing social distancing and many of our staff are working remotely. We encourage students to submit Special Circumstance Appeals and all supporting documents via email to FINAID@TARLETON.EDU.

2020-2021 Tarleton State University Special Circumstances Appeal

If your financial situation has changed substantially since completing the Free Application for Federal Student Aid (FAFSA), you can submit a Special Circumstances Appeal for reconsideration of your financial need for the 2020-2021 Aid Year (Fall 2020 and Spring 2021).

IMPORTANT NOTES:

If selected for Federal Verification, it must be completed before you submit a Special Circumstances Appeal.

If your Expected Family Contribution (EFC) is ZERO, you should not file an EFC change appeal since it cannot be reduced any further.

Who should file an appeal?

- A student or family whose ability to pay for college has changed from 2018 to 2020, can submit a Special Circumstances Appeal Form to request a review of their Expected Family Contribution (EFC).
- A student or family who has had additional educational expenses and/or expenses due to hardship caused by COVID19, that exceed their Cost of Attendance (COA), can submit a Special Circumstances Appeal Form to request an increase to their COA.

Following are situations that could warrant an Expected Family Contribution (EFC) Appeal:

- Significant Decrease in Income and/or Loss of Employment (including job loss due to COVID-19)
- Loss of One-Time or Non-Recurring Income
- Divorce or Separation
- Death
- Out-of-Pocket Medical Expenses

Following are expenses that can be considered for a Cost of Attendance (COA) Appeal:

- Vehicle Repair
- Car Mileage
- Dependent/Child Care
- Personal Computer Purchase
- Off-Campus Housing Costs

If you feel that this form does not fully reference your special circumstances and would like the Tarleton State University Financial Aid Office to review your situation, you may submit a typed letter of circumstance explaining the situation. Please include any documentation to support your situation.

COMPLETE Special Circumstances Appeal packets can be turned in to the Tarleton State University Financial Aid Office via fax 254.968.9600, they can be emailed to finaid@tarleton.edu, or you can mail it to:

Tarleton State University Financial Aid, Box T-0310, Stephenville, Texas 76402

FINANCIAL AID

Box T-0310, Stephenville, TX 76402 | Office (254) 968-9070 | Fax (254) 968-9600 | www.tarleton.edu/finaid

2020-2021 Tarleton State University Special Circumstances Appeal

Student Name: _____ University ID: _____

Please complete parts A, B, & C of this form and submit it with the corresponding documentation detailed below

PART A – Indicate the reason you are requesting a Special Circumstances Appeal

I AM ATTEMPTING TO INCREASE MY COST OF ATTENDANCE DUE TO:

REASON <i>(check all that apply)</i>	REQUIRED DOCUMENTATION	AMOUNT
Vehicle Repair	<input type="checkbox"/> Dated and Itemized Receipts	\$
Computer Purchase	<input type="checkbox"/> Dated and Itemized Receipts	\$
Off-Campus Housing	<input type="checkbox"/> Copy of Current Lease <i>(student must be listed on the lease)</i>	\$
Dependent/Child Care	<input type="checkbox"/> Dependent/Child Care Verification from Caregiver - Names and ages of dependents - Amount/frequency of payments <input type="checkbox"/> Dated Receipts or Copy of Bank Statement	\$
Other Education-Related Costs	<input type="checkbox"/> Explanation in Part B <input type="checkbox"/> Dated and Itemized Receipts	\$
Hardship Caused by COVID-19	<input type="checkbox"/> Explanation in Part B <input type="checkbox"/> Supporting Documentation	\$

I AM ATTEMPTING TO DECREASE MY EXPECTED FAMILY CONTRIBUTION DUE TO:

REASON <i>(check all that apply)</i>	REQUIRED DOCUMENTATION
Decrease in Income due to Loss of Employment caused by COVID-19	<input type="checkbox"/> Explanation in Part B <input type="checkbox"/> Separation Letter from Previous Employer <input type="checkbox"/> Statement of Unemployment Benefits (if applicable) <input type="checkbox"/> Copy of most recent pay stub from current employer (if applicable)
Decrease in Income from 2018 to 2019 due to Loss of Employment or Change of Job <i>(NOT COVID-19 RELATED)</i>	<input type="checkbox"/> Explanation in Part B <input type="checkbox"/> Separation Letter from Previous Employer <input type="checkbox"/> Copy of 2019 Tax Return <input type="checkbox"/> Statement of Unemployment Benefits (if applicable) <input type="checkbox"/> Copy of most recent pay stub from current employer (if applicable)
Decrease in Income from 2019 to 2020 due to Loss of Employment or Change of Job <i>(NOT COVID-19 RELATED)</i>	<input type="checkbox"/> Explanation in Part B <input type="checkbox"/> Separation Letter from Previous Employer <input type="checkbox"/> Statement of Unemployment Benefits (if applicable) <input type="checkbox"/> Copy of most recent pay stub from current employer (if applicable)
Death of Parent(s) or Spouse	<input type="checkbox"/> Explanation in Part B <input type="checkbox"/> Copy of Death Certificate

Divorce or Separation	<input type="checkbox"/> Explanation in Part B <input type="checkbox"/> Copy of Divorce Decree or Proof of Separation (proof of separation should include documentation of separate residences, such as copies of lease agreements, driver licenses, utility bills, etc. with different physical addresses for each person) <input type="checkbox"/> Copy of Tax Return for applicable year
Medical Expenses <i>(all expenses should be in one calendar year)</i>	<input type="checkbox"/> Explanation in Part B <input type="checkbox"/> Copy of Tax Return for applicable year <input type="checkbox"/> Copies of Paid Receipts or Bank Statements showing all out-of-pocket expenses for a single calendar year.

PART B – In the section below, please provide an explanation of your circumstances.

PART C – Certification

My signature indicates that the information submitted is true and accurate to the best of my knowledge. I authorize the Office of Student Financial Aid to verify this information. I understand that providing false information can result in the cancellation or repayment of financial aid. I understand that increasing my Cost of Attendance (COA) does not allow for an increase in financial aid if I have already been awarded the maximum annual direct loan amount. However, I may pursue private, Parent PLUS, or Graduate PLUS loan options up to the new COA. I understand that decreasing my Estimated Family Contribution (EFC) MAY affect the amount of Federal PELL Grant I am eligible for, or enable me to receive additional Federal Subsidized Loan funds (if I have not reached the maximum amount). All steps taken above are dependent upon my submission of appropriate and complete documentation necessary for review of this special circumstances appeal.

Signature of Student

Date

Signature of Parent *(Dependent Students Only)*

Date

Signature of Spouse *(Independent Students Only)*

Date