



2021-2022 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 2021-2022 Aid Year (Fall 2021 and Spring 2022).

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 a Family Contribution 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 2019 to 2021, 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 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 a Family Contribution Appeal:

- Significant Decrease in Income and/or Loss of Employment
- 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 in person at the Financial Aid office in the Tarleton Center, via fax 254.968.9600, it can be emailed to finaid@tarleton.edu, or you can mail it to:

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



2021-2022 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 | \$ |

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

| REASON <i>(check all that apply)</i> | REQUIRED DOCUMENTATION |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Decrease in Income from 2019 to 2020 due to Loss of Employment or Change of Job | <input type="checkbox"/> Explanation in Part B <input type="checkbox"/> Separation Letter from Previous Employer <input type="checkbox"/> Copy of 2020 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 2020 to 2021 due to Loss of Employment or Change of Job | <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 | <ul style="list-style-type: none"><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> | <ul style="list-style-type: none"><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