

BRYN ATHYN COLLEGE



FOUNDED IN 1877

Special Circumstances Appeal Form 2018-19

Independent Students

You may complete the Special Circumstances Appeal form if you are an independent student whose current financial situation is not accurately reflected by your 2016 tax information. Your 2016 income is used to determine your financial aid eligibility for the 2018-2019 school year. However, if your income is lower due to special circumstances (e.g. loss of a job, separation or divorce, death, disability, unusual medical expenses, etc.), a financial aid administrator may be able to use estimated 2018 income to determine your financial aid eligibility.

You must first apply for financial aid by completing the 2018-2019 FAFSA (Free Application for Federal Student Aid) which is based on 2016 tax information. Your appeal, which is filed after submitting the FAFSA, is complete when you attach the documentation that validates your special circumstances. No action will be taken until this completed form and all required documentation is submitted to the Bryn Athyn College Financial Aid Office.

Please submit all of the following:

1. A signed personal statement, which explains your situation.
2. Your 2015 federal tax Form **1040**, **1040A**, **1040EZ**, (all pages, schedules, and **W-2s**)
3. Special Circumstances Appeal Form Completed Correctly

Appeal Categories

Check the box for the Category or Categories that pertain(s) to your special circumstance

Separation, divorce, or death of a spouse

You have already filed your annual Free Application for Federal Student Aid (FAFSA), and since that time, you are separated or divorced, or your spouse has died.

- Provide **legal separation papers or divorce decree**; or
- **Evidence of separate living accommodations** if no legal separation exists; or
- **A death certificate & documentation of the year-to-date (YTD) earnings for deceased parent.**

Tuition Expenses for private elementary or secondary education

Your pay elementary or secondary school tuition for your child(ren) during the 2018-19 academic year. Only expenses not covered or reimbursed by another agency/source will be considered. Only tuition incurred during the 2018-19 academic year (after September 2018) will be considered.

- Provide a copy of the **school's enrollment contract** that includes name(s) of your child(ren) enrolled during the 2018-19 academic year, tuition cost, and amount of any scholarships or grants that subsidize the tuition.

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

You or your spouse earned money in 2016 and have had an income reduction (loss of overtime will not be considered), or have lost employment for at least 8 weeks in 2018 that has resulted in a reduction of income. **Eight (8) weeks** must have passed prior to the submission of this appeal for either circumstance.

- Provide **written verification** from your former employer(s) indicating start and end date of employment or reduction of hours, amounts received for earnings, severance pay, vacation, and retirement payout; **and**
- A written statement from your current or future employer(s) indicating expected gross earnings for the calendar year 2018. Year 2018 earnings must be documented from the employer projecting earnings or with copies of 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.

Loss of taxed/untaxed income or benefit

You or your spouse received unemployment compensation, or another taxed or untaxed income or benefit in 2016, and have completely lost that income or benefit for at least 8 weeks. **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, and welfare benefits.

- Provide copies of all contracts, agency notices, or legal papers that indicate the date your taxed/untaxed income or benefit was terminated, what amount of income came from that source, and how that income was used.

Loss of one-time income

You or your spouse received one-time income in 2016 that will not occur in 2018 (e.g., rollover into a Roth IRA, moving expense allowance, back-year Social Security payments, or a divorce settlement). Not considered is one-time income from an inheritance, job bonus, overtime compensation, gambling winnings, pension, capital gain, insurance settlements, or early distributions of retirement accounts.

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

Medical Expenses for a 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 attributable to maintaining a chronic illness or condition that is not due to an unexpected incident or emergency.

- Provide a **statement from health care provider and/or disability services** that documents the unusual condition; **and**
- **Receipts or canceled checks that indicate payment** for medical treatment of this condition.

Student Information

Student Name:

Last	First	Middle
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Home Address:

Street/P.O. Box	APT. No.
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City	State/Province	Zip/Postal Code	Country
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Phone:

Home	Cell
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List all family members. (If you need more space, you may add more family members in your personal statement.)

Name	Date of Birth	Relationship to Student	Post-secondary institution that she/he will attend at least half time from July 1, 2018 to June 30, 2019
		<i>Self</i>	
		<i>Spouse</i>	
		<i>Child 1</i>	
		<i>Child 2</i>	
		<i>Child 3</i>	

Income Source Table				January 1 - December 31, 2016	Actual January 1, 2018 - Today	Estimated Today - December 31, 2018	Total Actual + Estimated
1. Income earned from work by student (wages, salary, and tips, for example)							
2. Income earned from work by spouse (wages, salary, and tips, for example)							
3. Business, farm, or rental income							
4. Interest/dividend income, specify by source and value:							
source	\$ value	source	\$ value				
5. Unemployment compensation							
6. Capital gains							
7. Child support							
8. Welfare benefits (such as AFDC or TANF)							
9. Veterans benefits							
10. Workers' compensation							
11. Short-term or long-term disability benefits							
12. Severance pay							
13. Withdrawal from retirement account							
14. Other (e.g., pension, annuity, rental income, housing allowance, bonuses)							

Certification

To the best of my knowledge, the information in this appeal is correct and true. I understand that misrepresentation of facts in connection with this appeal, whenever discovered, may be sufficient cause, in and of itself, for cancellation and repayment of financial aid. I understand that any financial documentation I provide (i.e. tax form, statement from employer, and or bank statements) will be used to verify the information listed on this special circumstances appeal form.

Student Signature: _____
Date

Send this completed form and appropriate documentation to:

finaid@brynathyn.edu

or

**Financial Aid Office
Bryn Athyn College
Box 462
Bryn Athyn, PA 19009**