

Please complete and return this form to:



NICOLET
COLLEGE

Financial Aid Office

Red Oak Center – 217
P.O. Box 518
Rhineland, WI 54501
715-365-4423 or 800-544-3039
Fax: 715-365-4918

STUDENT INFORMATION:

_____	_____	_____	_____
Student's Last Name	First Name	MI	Nicolet College Student ID Number
_____			_____
Student's Street Address (incl. apt. #)			Student's Nicolet College Email
_____			(____) _____
_____	_____	_____	_____
City	State	Zip Code	Student's Alternate or Cell Phone Number

2019-2020 SPECIAL CIRCUMSTANCES APPEAL FORM

For this special circumstance form we will be looking at a family's 2018 total income to help determine eligibility for student financial aid in the 2019-2020 academic year. However, there may be circumstances that could drastically alter a family's financial picture and hinder the ability to assist with paying educational expenses and we may look at the 2019 estimated income. **Results from the 2019-2020 Free Application for Federal Student Aid (FAFSA) must be on file with the Nicolet College Financial Aid Office before a Special Circumstances Appeal is considered. You will be required to complete the enclosed verification worksheet.**

Please note will not make adjustments for the following:

- Car payments or car insurance
- Consumer debt (credit cards)
- Chapter 7 personal bankruptcy
- Medical insurance premiums
- Mortgages, rent, and utility bills
- Home equity, IRA, 403B and 401K, loans
- Parents will not help pay college costs

The Director of Financial Aid or designee will review your Special Circumstances Appeal form and all the requested documentation. **Before your appeal is processed, you may receive an initial award notification based on the results of your original FAFSA data.** Beginning July 1, 2019, we will begin processing Special Circumstances Appeal Forms. You should allow 3-4 weeks for the process to be completed. Please check the appropriate status box below:

You were considered a "dependent" student when you completed the FAFSA.

Parent Information (as indicated on the FAFSA)

Father/Stepfather Name: _____

Mother/Stepmother Name: _____

Parent's Phone Number: (____) _____

You were considered an "independent" student when you completed the FAFSA.

Student's Name: _____ Student's Nicolet College ID Number: _____

Please check all that apply:

- Separation/Divorce/Death The situation must have occurred after the FAFSA was filed. A minimum of 3 months is required for a change due to separation and individuals must be living apart.
- Reduction in Income Expected income has changed due to unemployment, reduction in wages or untaxed income and benefits.
- Unusual Medical and/or Dental Expenses Unusual medical and/or dental expenses paid in 2018 that are not covered by insurance and in excess of 7.5% of the reported Adjusted Gross Income for 2018.
- Loss of Benefits Loss of child support, social security or unemployment benefits.
- One time Income You received a one-time income in 2018 that will not be available to you in the 2019-2020 academic year.
- Other Explain: _____

If income changes resulting in a special circumstance appeal occurred in 2018, please provide signed 2018 tax return and W-2s for student (and parent(s) if applicable).

If income changes resulting in special circumstances appeal occurred in 2019, please fill out estimates below.

Section 1 – Estimated 2019 Income and Household Information. This section must be completed by all.

PLEASE INCLUDE ALL HOUSEHOLD INCOME AND INFORMATION

Dependent student: include your and your parents' (including stepparent, if applicable) expected 2018 income.

Independent student: include your (and your spouse's, if applicable) expected 2018 income.

Estimate to the best of your ability the income from the following sources that you and your household will receive during 2019 (January 1, 2019 to December 31, 2019). Complete each item in the following section. If you do not have income from a particular source, please write zero.

Income/Benefits for Jan. 1, 2019 to Dec. 31, 2019	Actual Income Received (Jan. 1, 2019 to today)	Anticipated Income (Today to Dec. 31, 2019)	Total Estimated Income Received for 2019
Expected 2019 income earned from work by Step/Father (wages, salaries, tips, net business/farm income)			
Expected 2019 income earned from work by Step/Mother (wages, salaries, tips, net business/farm income)			
Expected 2019 income earned from work by Student (wages, salaries, tips, net business/farm income)			
Expected 2019 income earned from work by Spouse (wages, salaries, tips, net business/farm income)			
Unemployment Compensation received			
Other taxable income (dividends, interest, pensions, annuities, alimony, capital gains, gambling earnings etc.) Source: _____			
Child Support received			
Housing or other allowances (clergy, military, etc.)			
Other untaxed income (earned income credit, worker's compensation, and payments to IRA/Keogh, etc.) Source: _____			
Estimated Total Income for 2019			

Student's Name: _____ Student's Nicolet College ID Number: _____

Section 2 – Separation/Divorce/Death – A minimum of 3 months is required for the separation from spouse and individuals must be living apart.

Complete either part 1A or 1B by checking the appropriate response and completing the requested information.

1A. Who is divorced or separated? PARENT STUDENT Date of divorce/separation: ____/____/____

Is child support being received? YES NO Monthly Amount \$_____ Beginning Date: ____/____/____

Is spousal support and/or alimony being received? YES NO Monthly Amount \$_____ Beginning Date: ____/____/____

1B. Who is deceased? PARENT STUDENT'S SPOUSE Date deceased: ____/____/____

Name: _____

Section 3 – Reduction in Income. Please check all that apply

Be sure to attach supporting documentation including how much the reduction was and an explanation of the reduction.

Who has experienced a reduction of income? PARENT STUDENT SPOUSE

Section 4 – Loss of Benefits. Please check all that apply.

Attach documentation of loss of benefits and an explanation regarding the loss.

Who has experienced the loss of benefits? PARENT STUDENT SPOUSE

Which type of benefits was lost? Child Support Social Security Unemployment Benefits Other _____

Monthly Amount of Loss \$ _____

Section 5 – One Time Income. Please check all that apply.

Attach supporting documentation and an explanation regarding the one time income.

Who received the one time income? PARENT STUDENT SPOUSE

What was the source of the one-time income? _____

Amount of income received? \$ _____ How was it used? _____

The Director of Financial Aid is expected and required to make reasonable decisions that support the intent of the provision. The school is held accountable for all professional judgment decisions made and for fully documenting each decision. The decision of the Director of Financial Aid is final; there is no appeal process to the U.S. Department of Education.

Please note this form does not guarantee that your request will be approved, or that you will be eligible for additional aid. In many cases professional judgment adjustments made to the FAFSA do not result in significant changes to the Expected Family Contribution (EFC) and, therefore, do not change a student's financial aid package.

Student's Name: _____ Student's Nicolet College ID Number: _____

Section 6 – REQUIRED DOCUMENTATION

Please provide a detailed written statement regarding your special circumstance. Attach **ALL** documentation that supports your claim (notifications of loss of benefits, divorce decree, court documentation, etc.) Additional documentation may be requested upon review of this appeal form. An incomplete form and lack of documentation will result in processing delays.

Section 7 – Certification Statement

I certify that the information provided in this appeal is true and complete to the best of my knowledge. If my situation changes, then I am responsible for notifying the Financial Aid Office of any estimate changes. I also agree to provide additional proof of the information given if requested by the Financial Aid Office. **I understand that if the information is incomplete or lacks the required documentation, no action will be taken.** NOTE: Once this appeal has been reviewed, additional documentation may be required.

_____	____/____/____	_____	____/____/____
Student Signature	Date	Spouse's Signature	Date
_____	____/____/____	_____	____/____/____
Mother's Signature	Date	Father's Signature	Date

Please keep a copy for your records.

OFFICIAL USE ONLY:

Approved Denied Administrator: _____ Date: ____/____/____

Prior year special circumstance: YES NO Old EFC: _____ New EFC: _____