

2020-2021 SPECIAL CIRCUMSTANCE APPEAL FORM



Please complete and return this form to:

Financial Aid Office

Red Oak Center

P.O. Box 518

Rhineland, WI 54501

715-365-4423 or 800-544-3039

Fax: 715-365-4918

Financial_aid@nicoletcollege.edu

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 Home or Cell Phone Number

For this special circumstance form, we will be looking at a family's 2019 total income to help determine eligibility for student's financial aid in the 2020-2021 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 wherein we may look at the 2020 estimated income. **Results from the 2020-2021 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 also be required to complete the enclosed verification worksheet.**

Please note that Nicolet Financial Aid 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 Financial Aid Manager or designee will review your Special Circumstances Appeal form and all of 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, 2020, 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 2019 **not** covered by insurance and in excess of 7.5% of the reported Adjusted Gross Income for 2019.
- Loss of Benefits Loss of child support, social security, or unemployment benefits.
- One time Income You received a one-time income in 2019 that will not be available to you in the 2020-2021 academic year.
- Other Explain: _____

✘ If income changes resulting in a special circumstance appeal occurred in 2019, 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 2020, please fill out estimates below.

Section 1 – Estimated 2020 Income and Household Information. All must complete this section.

PLEASE INCLUDE ALL HOUSEHOLD INCOME AND INFORMATION

Dependent student: include your and your parents' (including stepparent, if applicable) expected 2020 income.

Independent student: include your (and your spouse's, if applicable) expected 2020 income.

Estimate to the best of your ability the income from the following sources that you and your household will receive during 2020 (January 1, 2020 to December 31, 2020). If you do not have income from a particular source, please write zero.

Income/Benefits for Jan. 1, 2020 to Dec. 31, 2020	Actual Income Received (Jan. 1, 2020 to today)	Anticipated Income (Today to Dec. 31, 2020)	Total Estimated Income Received for 2020
Expected 2020 income earned from work by Father/Step-Father (wages, salaries, tips, net business/farm income)			
Expected 2020 income earned from work by Mother/Step-Mother (wages, salaries, tips, net business/farm income)			
Expected 2020 income earned from work by Student (wages, salaries, tips, net business/farm income)			
Expected 2020 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 2020			

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
Divorce/separation date: ____/____/____
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 the income used? _____

Section 6 – WRITTEN STATEMENT

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.)

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

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.

The Financial Aid Manager 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 Financial Aid Manager 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.***

OFFICIAL USE ONLY:

Approved Denied Administrator: _____ Date: __/__/__

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