



2023/2024 SPECIAL and UNUSUAL CIRCUMSTANCES APPEAL FORM

Check one: New or Transfer Student Current Student

Student's Name _____ SS# _____

Address _____ Email _____

City _____ State _____ Zip _____ Phone () _____

NOTE: BEFORE YOU CAN BE CONSIDERED FOR AN APPEAL, YOU MUST HAVE ALREADY FILED YOUR 2023-2024 FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) at <http://www.fafsa.gov/>.

The Higher Education Act and associated federal regulations give financial aid administrators the authority to make adjustments to an individual student's federal aid application based on special circumstances within the household. The Christ College of Nursing and Health Sciences Office of Financial Aid will review and, when appropriate, adjust a student's institutional, state and federal aid when a student, spouse, or parent have demonstrated a decrease in income for 2023 or 2024. We reserve the right to delay review, until the end of the calendar year, any appeal where reasonable projections cannot be made.

STEP 1: AFFECTED PERSON(S)

Name(s) of person(s) whose income(s) have changed: _____

Indicate the above names person's relationship to you (check all that apply):

Self Spouse Father/Step Mother/Step Other explain: _____

STEP 2: SPECIAL CIRCUMSTANCE REQUEST

Note: **No action will be taken on this appeal until we have received all required documentation.**

(2021 taxes may be required if not already provided through verification process.)

Date of Change

Death of parent or spouse ____/____/____
Go to Step 3

Separation or Divorce ____/____/____
(School can update Income only, unless student is selected for verification. If selected by the federal processor for verification, school can update household size at time of verification)

Loss/Change of job or decrease in work hours of current position ____/____/____
Required: Last paystub for job lost (& paystub for additional jobs held, if any). Determination of Benefits Rights letter for unemployment benefits (& 2016 taxes if not already provided.)

STEP 3: DEATH

If you have experienced a death of a parent after filing your 2023-2024 FAFSA, please complete the following:

Number in Household in 2023-2024: _____*

*Include persons for whom you/your custodial parent will provide more than half support for between July 1, 2020, and June 30, 2021, and persons who will attend college at least half-time (6 credit hours).

STEP 4: UNUSUAL CIRCUMSTANCE REQUEST (This is rare and does not fit all student situations)

Note: **No action will be taken on this appeal until we have received all required documentation.**

Submit this form along with all requested supporting letters to the Financial Aid Office. Please be advised that the information contained in this form is held in the strictest confidence and will be used to determine the outcome of your request. The Financial Aid Administrator will make the final decision and it cannot be appealed.

Circumstances to which consideration **may** be given are as follows:

- You were removed from your parent’s home due to an extreme situation that threatened your health and/or safety and due to these conditions, parental support was terminated.
- Abandonment or Incapacity of parent(s) such as incarceration, mental or physical illness or your inability to locate your parent(s).
- Other extenuating circumstances that can be sufficiently documented.

Circumstances to which consideration is **not** given are as follows:

- Parents refusing to contribute to your education.
- Parents unwilling to provide information on the Free Application for Federal Student Aid (FAFSA) or for verification.
- Parents not claiming you as a dependent for income tax purposes.
- Your demonstration of total self-sufficiency.

Documents required for review:

A. A personal letter from you explaining the reason for this request. Your letter should provide as much detail as possible describing your separation from your parents.

Please include the following information:

- The whereabouts of your biological or adoptive parents (depending on your situation) including their current living arrangements (if known).
- Your current living situation.
- The reason you cannot provide parental financial information on your FAFSA.
- Your name, student ID number, and signature.

B. Signed letters from two individuals who can attest to your situation. These letters must provide detailed information describing your separation from your parents. These persons must be able to provide statements from their own knowledge and/or awareness.

- One letter from a professional that is not related to you, for example a counselor, social worker, medical personnel, clergy or peace officer.
- A second letter from a family member (e.g. Grandparent, Uncle, Aunt or sibling).
- Each letter must be signed and include the person’s name, title or position, relationship to you, mailing address, and phone number. Submit this completed and signed form along with all supporting letters.

STEP 5: CERTIFICATION STATEMENT/SIGNATURES

I/We certify that all information and documentation that I/we have provided pertaining to this appeal is true and complete.

Student _____ Date _____ Spouse _____ Date _____

Parent’s signature is required only if parent’s information was provided above.

Father _____ Date _____ Mother _____ Date _____

This appeal will be reviewed by the Financial Aid Office. You will be notified of the decision within 4 weeks of submitting this appeal. Required documentation must be attached to this appeal. Return completed form with attached documentation to the Financial Aid Office.

MAIL: Office of Financial Aid
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Cincinnati OH 45219

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