



**FINANCIAL AID OFFICE
2026-2027 Special Circumstance Appeal Form**

STUDENT NAME: _____ **STUDENT ID:** _____

The decision of your appeal will be sent to your EWC email account.

Families have the right to appeal when the information on the FAFSA changes due to unforeseen circumstances. Financial aid administrators may use professional judgment in determining what, if any, changes to the data are warranted. These changes **may** make the student more eligible for financial aid. Families appealing for special consideration **MUST** complete this form and provide all necessary documentation before the appeal will be reviewed. Additional documentation may be requested upon review. Students will be notified via their EWC email account if additional documents are necessary and/or the outcome of the appeal. **PLEASE ALLOW UP TO 14 DAYS FOR REVIEW.**

ALL OF THE FOLLOWING DOCUMENTS MUST BE PROVIDED BEFORE THE APPEAL CAN BE REVIEWED

- Letter Describing change in the student's/family's financial circumstances.
- 2026-2027 Verification Worksheet (check if already submitted)
- Student (spouse, if applicable) **2024 IRS Tax Transcript OR Signed Tax Return (Check if already submitted)
- Parent (for Dependent Students) **2024 IRS Tax Transcript OR Signed Tax Return (Check if already submitted)

APPEAL REASON (check all that apply)	ADDITIONAL DOCUMENTS REQUIRED
<input type="checkbox"/> Change in Employment	<input type="checkbox"/> Copy of 2024 student/spouse W2 <input type="checkbox"/> Copy of 2024 parent(s) W2 (for Dependent students) <input type="checkbox"/> Copy of Last Pay Check Stub from previous employer. <input type="checkbox"/> Copy of Most recent check stub from current employer.
<input type="checkbox"/> Loss of Employment	<input type="checkbox"/> Copy of 2024 student/spouse W2 <input type="checkbox"/> Copy of 2024 parent(s) W2 (for Dependent students) <input type="checkbox"/> Copy of last pay check stub from previous employer. <input type="checkbox"/> Letter of termination from previous employer. <input type="checkbox"/> Statement of eligibility/ineligibility for unemployment compensation. <input type="checkbox"/> Severance Package, if applicable.
<input type="checkbox"/> Private School Tuition Payments for minor children.	<input type="checkbox"/> Copy of receipt for tuition YOU PAID for 2024.
<input type="checkbox"/> Death	<input type="checkbox"/> Copy of death certificate. (Not obituary).
<input type="checkbox"/> Unusual Medical Dental Expenses NOT covered by insurance.	<input type="checkbox"/> Third-party documentation of out of pocket expenses from physician, hospital, etc. <input type="checkbox"/> Itemized deductions from 2024 federal income tax return.
<input type="checkbox"/> Divorce/Separation	<input type="checkbox"/> Copy of lease indicating new or separate residence. <input type="checkbox"/> Copy of utility bill indicating new/separate residence. <input type="checkbox"/> Copy of divorce filing or legal separation.
<input type="checkbox"/> Other (Example: Change in Housing Status/Homelessness, Dependent/Child Care Costs, Severe Disability of student or member of student's household)	<input type="checkbox"/> Letter explaining Circumstances <input type="checkbox"/> Third-party documentation to support letter of appeal.

Student Signature _____

Date: _____

*Parent Signature: _____

Date: _____

*Required for Dependent Students