FINANCIAL AID OFFICE
2027-2028 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.
- ❑ 2027-2028 Verification Worksheet (check if already submitted ❑)
- ❑ Student (spouse, if applicable) **2025 IRS Tax Transcript OR Signed Tax Return (Check if already submitted ❑)
- ❑ Parent (for Dependent Students) **2025 IRS Tax Transcript OR Signed Tax Return (Check if already submitted ❑)

APPEAL REASON (check all that apply)	ADDITIONAL DOCUMENTS REQUIRED
❑ Change in Employment	❑ Copy of 2025 student/spouse W2 ❑ Copy of 2025 parent(s) W2 (for Dependent students) ❑ Copy of Last Pay Check Stub from previous employer. ❑ Copy of Most recent check stub from current employer.
❑ Loss of Employment	❑ Copy of 2025 student/spouse W2 ❑ Copy of 2025 parent(s) W2 (for Dependent students) ❑ Copy of last pay check stub from previous employer. ❑ Letter of termination from previous employer. ❑ Statement of eligibility/ineligibility for unemployment compensation. ❑ Severance Package, if applicable.
❑ Private School Tuition Payments for minor children.	❑ Copy of receipt for tuition YOU PAID for 2025.
❑ Death	❑ Copy of death certificate. (Not obituary).
❑ Unusual Medical/Dental Expenses NOT covered by insurance.	❑ Third-party documentation of out of pocket expenses from physician, hospital, etc. ❑ Itemized deductions from 2025 federal income tax return.
❑ Divorce/Separation	❑ Copy of lease indicating new or separate residence. ❑ Copy of utility bill indicating new/separate residence. ❑ Copy of divorce filing or legal separation.
❑ Other (Example: Change in Housing Status/Homelessness, Dependent/Child Care Costs, Severe Disability of student or member of student's household)	❑ Letter explaining Circumstances ❑ Third-party documentation to support letter of appeal.

Student Signature_____ Date: _____

*Parent Signature:_____ Date: _____
*Required for Dependent Students