



## 2014-2015 SPECIAL CIRCUMSTANCES APPEAL FORM DEPENDENT STUDENTS

STUDENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

**NOTE: Appeals will NOT be considered until appropriate documentation and this form are submitted to the Financial Aid Office.**  
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**SPECIAL CIRCUMSTANCE (check appropriate category)**

- \_\_\_\_\_ One of the student's parents earned money in 2013 and is no longer employed.  
\* **submit documentation type #1, #2 and #8 (described below)**
  
- \_\_\_\_\_ One of the student's parents earned money in 2013 and has been unable to earn money in his/her usual way in 2014 due to a disability, reduction in pay, or a job change.  
\* **submit documentation type #1, #2, and #3 (for disability only) (described below)**
  
- \_\_\_\_\_ One of the student's parents received an untaxed benefit in 2013 (such as child support, social security, etc.), and has completely lost that income in 2014.  
\* **submit documentation type #4 (described below)**
  
- \_\_\_\_\_ The student has already applied for financial aid and his/her parents have divorced or separated since that time.  
\* **submit documentation type #1, #2, and #5 (described below)**
  
- \_\_\_\_\_ The student has already applied for financial aid and a parent has died since that time.  
\* **submit documentation type #1, #2, and #6 (described below)**
  
- \_\_\_\_\_ The parents have paid more than 11% of their total income in non-reimbursed medical expenses in 2013 OR in 2014.  
\* **submit documentation type #1 and #7 (described below)**

**DOCUMENTATION REQUIRED (MUST be submitted)**

<b>TYPE #1</b> A signed copy of parents' 2013 Federal income tax return.	<b>TYPE #2</b> Copies of the most recent 2014 pay stubs from ALL parent's employers showing date of that pay period, amount earned that period, and year to date amount earned
<b>TYPE #3</b> A letter from the physician stating type of disability, date of diagnosis and anticipated length of recovery time	<b>TYPE #4</b> A letter from the appropriate public agency stating type of benefits terminated, date of termination and total amount expected for 2014
<b>TYPE #5</b> A copy of the court order showing date of divorce or separation and verification of separate addresses	<b>TYPE #6</b> A copy of the death certificate or newspaper obituary showing the date of the parent's death
<b>TYPE #7</b> A copy of the schedule A from the 2013 federal tax transcript if expenses were paid in 2013 OR copies of receipts showing medical and dental expenses actually paid PERSONALLY in 2014 and not reimbursed	<b>TYPE #8</b> A copy of unemployment benefits statement (showing benefit amount and benefit start date) if parent is receiving any benefits in 2014 OR denial of benefits statement
<b>OTHER</b>	<b>OTHER</b>

*(Please continue answering the remaining questions on page two of this form)*

**PLEASE EXPLAIN THE NATURE OF YOUR APPEAL AND YOUR LOSS OF INCOME: (Must be completed)**

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**PLEASE ESTIMATE ALL SOURCES OF INCOME FOR CALENDAR YEAR 2014:**

	<b>MONTHLY AMOUNT</b>	<b># OF MONTHS REC'D</b>	<b>ANNUAL AMOUNT</b>
Father's (Stepfather's) estimated 2014 wages: (attach MOST RECENT pay stubs)			\$ _____
Mother's (Stepmother's) estimated 2014 wages: (attach MOST RECENT pay stubs)			\$ _____
Parent's estimated monthly unemployment:	\$ _____	_____	\$ _____
Parent's estimated other <b>taxable</b> income for 2014:	\$ _____	_____	\$ _____
Child support estimated for 2014 for the student:	\$ _____	_____	\$ _____
Child support estimated for 2014 for all other siblings:	\$ _____	_____	\$ _____
Clergy living allowance estimated for 2014:			\$ _____
Parent's estimated other <b>untaxed</b> income in 2014:			\$ _____

**STATEMENT AND CERTIFICATION:**

I (we) hereby certify that all information reported on this form is true and correct to the best of my (our) knowledge. If this form is submitted after January 1, 2015, I have attached a signed transcript of my 2014 federal tax return and all 2014 W-2's. I (we) understand the penalty for providing false or misleading information is a \$20,000 fine, a prison sentence, or both.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
Father's (Stepfather's) Signature \_\_\_\_\_ Date \_\_\_\_\_  
Mother's (Stepmother's) Signature \_\_\_\_\_ Date \_\_\_\_\_

**PRINT THIS FORM AND SUBMIT WITH REQUIRED DOCUMENTATION TO:**

MALONE UNIVERSITY  
Financial Aid Office  
2600 Cleveland Ave. N.W.  
Canton, OH 44709  
Fax 330-471-8652