

D. Reason for Appeal (CHECK THE APPROPRIATE BOX)

Check One	Reason for Appeal	Additional Questions
<input type="checkbox"/>	<p>Reduction or Loss of Employment</p> <p>*Do not complete/submit this form until 8 weeks from the date of the change in circumstances.</p> <p>*Changes may not be considered if income loss is not significant.</p>	<p>Who experienced the Reduction/Loss: _____</p> <p>Date of Reduction or Loss: ___/___/____</p> <p>➤ Name of Employer: _____</p> <p>Has unemployment been received as a result? YES / NO</p> <p>Has severance pay been received as a result? YES / NO</p> <p>Date began new job, if applicable: ___/___/____</p> <p>➤ Name of New Employer: _____</p> <p>Have funds been withdrawn from an IRA/Pension as a result? YES / NO</p>
<input type="checkbox"/>	<p>Legal Separation or Divorce <u>AFTER Filing FAFSA</u></p> <p>*Referring to the marital status of the student or the parents listed on FAFSA.</p>	<p>Who Separated/Divorced (circle one): PARENT OR STUDENT</p> <p>Date of Divorce/Separation: ___/___/____</p> <p>For Dependent Students, which parent provided the most financial support during the 12 months prior to filing FAFSA: _____</p>
<input type="checkbox"/>	<p>Death of Parent or Spouse <u>AFTER Filing FAFSA</u></p> <p>*Parent must be a parent that was listed on FAFSA.</p>	<p>Name of Deceased: _____</p> <p>Date of Death: ___/___/____</p>
<input type="checkbox"/>	<p>Significant Medical Expenses <u>Paid Out-Of-Pocket</u></p> <p>*This category includes nursing home expenses.</p> <p>*Must be paid out-of-pocket in and not reimbursed by insurance.</p>	<p>Who Paid the Medical Expenses: _____</p> <p>**Do NOT include amounts for unpaid medical bills.**</p> <p>Total paid out-of-pocket for prior calendar year: _____</p> <p>Total paid out-of-pocket for current calendar year: _____</p>
<input type="checkbox"/>	<p><u>One-Time</u> Income Distribution in 2024 (ex. IRA or Pension Distribution)</p> <p>*Only check if the distribution/withdrawal was a <u>one-time event</u> that was <u>used for hardship</u> and the funds are <u>no longer available</u>. Be sure to provide an explanation in your signed statement.</p>	<p>What were the funds used for:</p> <p>_____</p> <p>_____</p> <p>Were additional funds withdrawn in 2025 or 2026: YES / NO</p>
<input type="checkbox"/>	<p>Other Reason</p> <p>NOTE: The Special Circumstance process is not intended for:</p> <ul style="list-style-type: none"> ✘ Non-essential expenses (vacation, tithing, high mortgage payments, second vehicles, etc.) ✘ Standard living expenses (utilities, cable bills, credit card payments, cell phone, etc.) ✘ Standard maintenance items (lawn care, home repair, gas, etc.) ✘ Any circumstance experienced by the parent not listed on FAFSA. 	<p>Reason:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

E. Projected Current Year Income and Resources (COMPLETE THE TABLE BELOW)

Estimated ANNUAL Current Calendar Year Income and Resource Information (Current calendar year based on the date this form is completed and submitted)	Independent Students Complete these Columns		Dependent Students Complete these Columns	
	<u>Student</u>	<u>Student's Spouse (If married)</u>	<u>Father/Step- Father</u>	<u>Mother/Step- Mother</u>
<u>Type of Income and Resource</u>				
Income Earned from Work	\$			
Income Earned from Goods Created and Sold on Online Platforms (ex. Etsy, Amazon, Ebay, etc.)	\$			
Income from Services Provided Through Mobile Apps (Ex. Door Dash, Grub Hub, Uber, Lyft, Instacart, etc.)	\$			
Business/Self-Employment Income (Use a Profit and Loss Statement to Estimate)	\$			
Unemployment Compensation	\$			
Social Security Benefits	\$			
Pension, Annuity and IRA Distributions	\$			
IRA deductions and payments to self-employed SEP, SIMPLE and Keogh	\$			
Other Sources of Income/Support (Ex. interest/dividend income, severance payments, rental income, alimony, income from part-time or seasonal work, etc.) Please specify: _____ _____	\$			
Child Support received for all children	\$			

F. Certification and Signature(s)

Typed/Electronic signatures are NOT accepted

I hereby certify that all information contained in this appeal is true and complete to the best of my knowledge. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my appeal will be denied and my eligibility for Federal and State student aid jeopardized. **Note:** Federal regulations stipulate that evidence of fraud must be reported to the U.S. Department of Education for possible investigation by the Office of the Inspector General and possible prosecution by the United States Attorney.

Student Signature (Required)

Date

Parent Signature *

(Required if the student is dependent according to FAFSA)

Date

G. Notices

It is the policy of the University of Southern Indiana to be in full compliance with all federal and state non-discrimination and equal opportunity laws, orders, and regulations relating to race, sex, religion, disability, age, national origin, sexual orientation, or status as a disabled veteran or veteran of the Vietnam era. Questions or concerns should be directed to the Affirmative Action Officer, USI Human Resources Department, University of Southern Indiana, 8600 University Boulevard, Evansville, Indiana 47712.