

Special Financial Circumstance Appeal Form 2026-2027

Student Name: _____

Student ID: _____

Student Phone: _____

Parent Phone: _____

Student Email: _____

Parent Email: _____

Your financial need is determined by the federal government when you complete the Free Application for Federal Student Aid (FAFSA). Your financial award package is based on this information. If you feel you have a circumstance that has recently occurred and, therefore, was not able to be reflected on the 2026-2027 FAFSA, you may provide our office with a detailed explanation of the situation and the relevant documentation to support your claim. In turn, we will review your documentation and determine if adjustments to your FAFSA and subsequent awards are appropriate.

Documentation like Federal Tax Returns, W-2s, pay stubs, letters from employers or doctors, state unemployment, Social Security, etc. should be submitted to support your appeal. If you do not submit documentation or leave pertinent sections of this document blank, the form will be returned for you to finish.

1. Since completing the 2026-2027 FFSA (using 2024 Tax Information) a member of your family has lost employment income due to:
- termination
 - layoff
 - disability
 - retirement
 - other (explain): _____

Documentation Requested (check if submitted with form):

- Last date of employment: _____
- Date expected to return to work: _____
- Copy of 2025 Federal Tax Return and all W-2s
- Copies of most recent pay stub with YTD totals for all household members
- Copy of notification/termination letter
- Copy of document outlining temp. disability, unemployment, retirement, or severance benefits

2. Since completing the 2026-2027 FFSA (using 2024 tax information), a member of your family has lost supplemental income such as:
- unemployment benefits
 - child support
 - social security benefits
 - other (explain): _____

Documentation Requested (check if submitted with form):

- Date benefits ceased: _____
- Date benefits would be available again: _____
- Copy of 2025 Federal Tax Return and all W-2s
- Copies of most recent pay stub with YTD totals for all household members
- Copy of document stating that benefits have ceased or decreased

3. Your family incurred excessive medical expenses in 2025 or 2026 due to the illness of a family member. These expenses MUST be documented on Schedule A of your 2024 or 2025 Federal Tax Return.

Documentation Requested (check if submitted with form):

- Copy of 2024 or 2025 Federal Tax Return with Schedule A attached

4. Since completing the 2025-2026 FAFSA (using 2024 tax information), a member of your family has had a loss of work/income due to an injury or illness of at least 10 weeks and did NOT have adequate sick time pay during that time.

Documentation Requested (check if submitted with form):

- Date you first missed work due to injury/illness: _____
- Date you returned or expect to return to work: _____
- Copy of 2024 Federal Tax Return and all W-2s
- Copies of most recent pay stub with YTD totals for all household members

5. Since completing the 2025-2026 FAFSA (using 2024 tax information), the marital status of the student or parent(s) has changed due to:

- divorce
 - death of spouse/parent
- please note that new marriages do not apply here*

Documentation Requested (check if submitted with form):

- Copy of 2025 Federal Tax Returns and all W-2s
- Copies of most recent pay stub with YTD totals for all household members
- Copy of complete/signed/filed Divorce Decree
- Copy of signed death certificate

6. Other circumstance/s NOT listed on this form as a reason to consider:
Please use the space below for a detailed statement about your circumstance and provide documentation.

Warning: Federal regulations state that purposely giving false or misleading information may result in a fine, a prison sentence, or both.

I (WE) CERTIFY THAT ALL OF THE INFORMATION REPORTED ON THIS FORM TO QUALIFY FOR FEDERAL STUDENT AID IS COMPLETE AND CORRECT. If I am asked, I agree to give proof that any information is correct and/or provide additional documentation requested. I understand that failure to provide the required, requested documentation may result in denial of this application. I (We) authorize Eureka College to release updated or corrected information to the Federal Student Aid Processing Center.

Student Signature: _____ Date: _____

Parent or Spouse Signature: _____ Date: _____

Send this completed, signed form and all documentation to financialaid@eureka.edu