

# BRYN ATHYN COLLEGE



FOUNDED IN 1877

## Special Circumstances Appeal Form 2018-2019

### *Dependent Students*

You may complete this Special Circumstances Appeal form if you are a dependent student whose parents' current financial situation is not accurately reflected by 2016 tax information. Your family's 2015 income is used to determine your financial aid eligibility for the 2018-2019 school year. However, if your family's income is lower due to special circumstances (e.g. loss of a job, separation or divorce, death, disability, unusual medical expenses, etc.), a financial aid administrator may be able to use to determine your financial aid eligibility.

You must first apply for financial aid by completing the 2018-2019 FAFSA (Free Application for Federal Student Aid) which is based on 2016 tax information. Your appeal, which is filed after submitting the FAFSA, is complete when you attach the documentation that validates your special circumstances. No action will be taken until this completed form and all required documentation is submitted to the Bryn Athyn College Financial Aid Office.

Please submit all of the following:

1. A personal statement signed by a parent, which explains their situation.
2. Your parents' 2016 federal tax transcript (all pages, schedules, and **W-2s**)
3. Your 2016 federal tax transcript, (all pages, schedules, and **W-2s**)
4. Special Circumstances Appeal Form Completed Correctly

### Appeal Categories

Check the box for the Category or Categories that pertain(s) to your special circumstance

**Separation, divorce, or death of a parent**

You have already filed your annual Free Application for Federal Student Aid (FAFSA), and since that time, your parents have separated or divorced, or a parent has passed away.

- Provide **legal separation papers or divorce decree**; or
- **Evidence of separate living accommodations** if no legal separation exists; or
- **A death certificate & documentation of the year-to-date (YTD) earnings for deceased parent.**

**Tuition Expenses for private elementary or secondary education**

Your parent(s) pay elementary or secondary school tuition for a member of your family during the 2018-19 academic year. Only expenses not covered or reimbursed by another agency/source will be considered. Only tuition incurred during the 2018-19 academic year (after September 2018) will be considered.

- Provide a copy of the **school's enrollment contract** that includes name(s) of your parent's child(ren) enrolled during the 2018-19 academic year, tuition cost, and amount of any scholarships or grants that subsidize the tuition.

**Loss or reduction of employment, loss of military employment or benefits**

You or your parent earned money in 2015 and have had an income reduction (loss of overtime/commission will not be considered) or have lost employment for at least 8 weeks in 2018 that has resulted in a reduction of income. **Eight (8) weeks** must have passed prior to the submission of this appeal for either circumstance.

- Provide **written verification** from your parent's former employer(s) indicating start and end date of employment or reduction of hours, amounts received for earnings, severance pay, vacation, and retirement payout; **and**
- A written statement from your parent's current or future employer(s) indicating expected gross earnings for the calendar year 2018. Year 2017 earnings must be documented from the employer projecting earnings or with copies of two (most) recent pay stubs; **and**
- **Eligibility forms** that indicate dates and amount of unemployment benefits, such as unemployment compensation you are or will be receiving.

**Loss of taxed/untaxed income or benefit**

Your parent received unemployment compensation, or another taxed or untaxed income or benefit in 2016, and has completely lost that income or benefit for at least 8 weeks. **Eight (8) weeks** without compensation must have passed prior to submission of this appeal. The untaxed income or benefit must be from a public or private agency, a company, or from a person due to court order. Do not include loss of educational military veteran's benefits. Income and benefits may include: Social Security benefits, Supplemental Security Income (SSI), child support, untaxed retirement or disability benefits, and welfare benefits.

- Provide copies of all contracts, agency notices, or legal papers that indicate the date your parent's taxed/untaxed income or benefit was terminated, what amount of income came from that source, and how that income was used.

**Loss of one-time income**

Your parent received one-time income that will not occur in 2018 (e.g., rollover into a Roth IRA, moving expense allowance, back-year Social Security payments, or a divorce settlement). Not considered is one-time income from an inheritance, job bonus, overtime compensation, gambling winnings, pension, capital gain, insurance settlements, or early distributions of retirement accounts.

- Provide copies of **all contracts, agency notices, or legal papers** that indicate the date that the one-time income was terminated, what amount of income came from that source, and how that income was used.

**Medical Expenses for a certified disabled student**

If you, the student, have medical expenses due to a chronic disability, these costs may be considered in your financial aid eligibility. Disability related costs are those expenses attributable to maintaining a chronic illness or condition that is not due to an unexpected incident or emergency.

- Provide a **statement from health care provider and/or disability services** that documents the unusual condition; **and**
- **Receipts or canceled checks that indicate payment** for medical treatment of this condition.

**Student Information**

**Student Name:**

Last	First	Middle
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**Home Address:**

Street/P.O. Box	APT. No.
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City	State/Province	Zip/Postal Code	Country
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**Phone:**

Home	Cell
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**List all family members.** (If you need more space, you may add more family members in your personal statement.)

Name	Date of Birth	Relationship to Student	Post-secondary institution that she/he will attend at least half time from July 1, 2018 to June 30, 2019
		<i>Self</i>	
		<i>Parent 1</i>	
		<i>Parent 2</i>	
		<i>Sibling</i>	
		<i>Sibling</i>	

<b>Income Source Table</b>				<b>January 1 - December 31, 2016</b>	<b>Actual January 1, 2018 - Today</b>	<b>Estimated Today - December 31, 2018</b>	<b>Total Actual + Estimated</b>
1. Income earned from work by parent 1 (wages, salary, and tips, for example)							
2. Income earned from work by parent 2 (wages, salary, and tips, for example)							
3. Income earned from work by student (wages, salary, and tips, for example)							
4. Business, farm, or rental income							
5. Interest/dividend income, specify by source and value:							
source	\$ value	source	\$ value				
6. Unemployment compensation							
7. Capital gains							
9. Child support							
10. Welfare benefits (such as AFDC or TANF)							
11. Veterans benefits							
12. Workers' compensation							
13. Short-term or long-term disability benefits							
14. Severance pay							
15. Withdrawal from retirement account							
16. Other (e.g., pension, annuity, rental income, housing allowance, bonuses)							

**Certification**

To the best of my knowledge, the information in this appeal is correct and true. I understand that misrepresentation of facts in connection with this appeal, whenever discovered, may be sufficient cause, in and of itself, for cancellation and repayment of financial aid. I understand that any financial documentation I provide (i.e. tax form, statement from employer, and or bank statements) will be used to verify the information listed on this special circumstances appeal form.

Student Signature: \_\_\_\_\_  
*Date*

Parent Signature: \_\_\_\_\_  
*Date*

**Send this completed form and appropriate documentation to:**

[finaid@brynathyn.edu](mailto:finaid@brynathyn.edu)

**or**

**Financial Aid Office  
Bryn Athyn College  
Box 462  
Bryn Athyn, PA 19009**