

**Income Appeal for Consideration of Special Circumstances
2025-2026**

Use this form to report a change in family situation that is not addressed on the Free Application for Federal Student Aid (FAFSA). The FAFSA uses financial data from the Prior Prior tax year to establish eligibility for financial aid. Special circumstance appeals are reviewed on a case by case basis. Please be aware that additional aid is not guaranteed.

Student Contact Information:

Student Last Name: _____ First Name: _____

Student ID: _____ Preferred E-mail: _____

Indicate the institution you attend:

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Bon Secours Memorial College of Nursing (BSMCON)

☐

Bon Secours St. Mary's Hospital School of Medical Imaging (SOMI)

☐

Southside College of Health Sciences (SCHS)

Section 1: Conditions for Appeal and Required Documentation

If you meet one of the following conditions, check the appropriate box and submit the supporting documentation along with the appeal form. If you meet income conditions, your aid eligibility may be recalculated either using 2024 actual income/tax data or estimated 2025 income/tax data. Note: All required documents listed below must be submitted along with your appeal form. Providing incomplete information in Section 3 will result in a denial of appeal.

| Situations to be Considered | | Supporting Documentation |
|-----------------------------|---|--|
| <input type="checkbox"/> | Dislocated Worker <i>Resulting in a total household income reduction of at least 20%</i> | <ul style="list-style-type: none">• Provide supporting documentation |
| <input type="checkbox"/> | Loss of employment or reduction of income <i>Resulting in a total household income reduction of at least 20%</i> | <ul style="list-style-type: none">• Letter of separation from employer (if applicable)• Copy of final pay stub from previous employer and most recent paystub, if re-employed |

| | | |
|--------------------------|---|--|
| <input type="checkbox"/> | | <ul style="list-style-type: none"> • Copy of Severance agreement (if applicable) • Copy of unemployment benefits or determination or ineligibility for benefits • Signed and dated letter of explanation • 2023 & 2024 Federal Income Tax Transcripts • 2023 & 2024 W-2's |
| <input type="checkbox"/> | Divorce or Separation of Student and Spouse, or Student's Custodial Parent and Spouse during 2024 or 2025 tax year | <ul style="list-style-type: none"> • Copy of divorce decree/separation agreement or evidence of separate living situation |
| <input type="checkbox"/> | Death of Parent or Spouse which will result in a reduction of household income <i>Resulting in a total household income reduction of at least 20%</i> | <ul style="list-style-type: none"> • Copy of death certificate • Copy of any resulting life insurance payments or proof of non-payment |
| <input type="checkbox"/> | Medical Expenses not paid by health insurance or reimbursed by a health savings plan <i>Only applies if amount is at least 11% of total income. Insurance premiums will not be considered.</i> | <ul style="list-style-type: none"> • Signed copy of the 2024 1040 Schedule A (if you itemized your deductions) • If you did not itemize your deductions, submit a copy of your medical bills, insurance Eligibility and Benefits (EOB's) for those services and proof of payment |
| <input type="checkbox"/> | Loss of untaxed income <i>Resulting in a total household income reduction of at least 20%</i> | <ul style="list-style-type: none"> • Explanation of source of lost income • Statements of benefits, child support, etc., and the end date from the appropriate state agencies |
| <input type="checkbox"/> | Permanent and Total Disability <i>Resulting in a total household income reduction of at least 20%</i> | <ul style="list-style-type: none"> • Date of disability • Documentation (e.g. letters from vocational rehabilitation, medical documentation, etc.) • Documentation of disability income |
| <input type="checkbox"/> | Natural Disaster | <ul style="list-style-type: none"> • Date of natural disaster |

| | | |
|--------------------------|--|--|
| | | <ul style="list-style-type: none"> • Proof of disaster's effect on the family (e.g. repair bills, insurance claims, etc.) |
| <input type="checkbox"/> | Marriage impacting dependency status | <ul style="list-style-type: none"> • Copy of marriage license • 2023 Federal tax transcripts for student and spouse • 2023 Verification of Non Tax Filing (if applicable) • 2023 W-2 forms for student and spouse • Student statement of household size |
| <input type="checkbox"/> | Name of person who is directly impacted by the circumstance: | |
| <input type="checkbox"/> | If not the student, please indicate the relationship: | |

Section 2: Student's Statement of Circumstance:

Please provide a detailed synopsis of the condition that has occurred and the basis for this appeal which has created a change in your family's financial need. You should attach additional information if the space provided is inadequate.

Section 3: Estimated Income Information

Complete both sections below and provide projected income (before exemptions, adjustments or deductions are applied)—that you or your family expects to receive between January 1, 2025 through December 31, 2025. Provide a response to all items. If there is no income in any specific category, write “0.”

| Estimated Gross Taxed Income | Student | Student's Spouse | Parent 1 (Dependent Students) | Parent 2 (Dependent Students) |
|---|----------------|-------------------------|--------------------------------------|--------------------------------------|
| Wages, Salaries, Tips | | | | |
| Pensions and annuities | | | | |
| Interest, dividends and capital gains | | | | |
| Business or farm income/loss | | | | |
| Social Security benefits (taxable) | | | | |
| Property/Rental Income received from rents after expenses paid for mortgage interest, taxes and insurance | | | | |
| Alimony | | | | |
| Unemployment compensation | | | | |
| Any other taxed Income | | | | |

| Estimated Untaxed Income | Student | Student's Spouse | Parent 1 (Dependent Students) | Parent 2 (Dependent Students) |
|--|----------------|-------------------------|--------------------------------------|--------------------------------------|
| Payment to tax deferred pension and savings plan, paid | | | | |

| | | | | |
|--|--|--|--|--|
| directly to or withheld from earnings | | | | |
| Deductible IRA payments | | | | |
| Social Security benefits (including SSI and Disability) | | | | |
| Retirement or Disability benefits | | | | |
| Worker's Compensation | | | | |
| Welfare benefits including TANF (do not include food stamps) | | | | |
| Untaxed portions of pensions | | | | |
| Living and household expenses for clergy, military and others | | | | |
| Child support received for all children | | | | |
| Railroad retirement benefits | | | | |
| Any other untaxed income and benefits | | | | |
| Cash or money paid on your behalf, not reported elsewhere on this form | | | | |

Section 4: Certification, Authorization and Signatures

Under penalty of perjury, I certify that the information on this form is true and correct to the best of my knowledge. I understand that if I underestimate my income, I may lose eligibility for future aid and /or have to repay financial aid. Furthermore, I understand that providing false or misleading information in an attempt to obtain federal student financial aid is an act of fraud, punishable by a fine of up to \$20,000 and/or incarceration. I understand that I must provide all the requested supporting documentation in Sections 1-3 of this form and that failure to do so will result in denial of my appeal. I also understand that leaving a section blank will result in denial of my appeal.

Student Signature: _____ Date: _____

Parent/Spouse Signature: _____ Date: _____