

Student Name: \_\_\_\_\_ Student OKWU Email: \_\_\_\_\_

Student Social Security Number: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

**NOTE:** *If selected, verification paperwork must be completed before a request for Special Circumstances can be reviewed.*

**Step 1: Write a detailed letter of appeal explaining your special circumstances**

**Step 2: Select circumstances that apply to you.**

- Loss or reduction of income** due to termination or reduction of wages
  - Most recent IRS Return Transcript (<https://www.irs.gov/individuals/get-transcript>) for the student or parent(s) with the change in income
  - Most recent paystub that shows year to date wages and pay period dates
  - Letter on letterhead from employer documenting last day of employment
  - Statement of unemployment benefits if applicable
  
- Death of spouse or parent**
  - Most recent IRS Return Transcript (<https://www.irs.gov/individuals/get-transcript>) for the student or parent
  - W-2 to allow the family income to only reflect the current income
  - Death certificate or obituary
  
- Major medical expenses** not covered by insurance and already paid out-of-pocket. Please note: only expenses already paid that exceed 11% of the total family income will be considered.
  - Most recent IRS Return Transcript (<https://www.irs.gov/individuals/get-transcript>) for the student or parent(s) to show if medical expenses were claimed as a deduction on the tax return
  - Receipts to show amounts paid in the calendar year.
  
- Divorce or Legal Separation** for more than 6 months
  - Status verification
    - For divorce, provide legal documentation containing the date of the divorce
    - For legal separation, provide copies of lease or mortgage that verifies 6 months of separation
  - Most recent IRS Return Transcript (<https://www.irs.gov/individuals/get-transcript>)
  - Copies of W-2 to allow income to be separated
  
- Marriage of student** and request to update dependency status. Please note: this will only be considered if your parent(s) are no longer assisting you in paying for college.
  - Marriage certificate
  - Most recent IRS Return Transcript (<https://www.irs.gov/individuals/get-transcript>) for both husband and wife

**Dependency Override:**

Circumstances that may be considered	Circumstances that will NOT be considered
· Abusive family environments	· Parents refusal to provide financial aid paperwork
· Abandonment	· Parents do not claim student on income taxes
· Incarceration of both parents	· Student is total self-supporting

- Letter from student detailing current living arrangements and any contact (in person, email, phone call or text) with parent(s) in the last year
- Letter from a professional (school official, police officer, counselor, teacher, attorney, doctor, pastor) that knows your situation and can explain it in detail. This documentation must be on official letterhead and state the reason for the involuntary dissolution of the family.

**Step 3: Complete the following income worksheet.** Please list all estimated sources of income that will be received by the household during the current calendar year (January – December).

Source of Income	Father or Step-father	Mother or Step-mother	Student
Wages from work before taxes for the calendar year			
Cash earned for work for the calendar year			
Unemployment compensation for the calendar year			
Severance pay for the calendar year			
Family business income for the calendar year			
Rental income for the calendar year			
Taxable Social Security Benefit/Disability			
Child support or alimony received for the calendar year			
Housing, food or other living allowances paid to you			
Veteran's non-education benefits			
Other untaxed income			

***By signing, I certify that all the information submitted on each page of this Special Circumstance Appeal Application is true and accurate to the best of my (our) knowledge. It is understood that any mistakes, omissions, or misrepresentations of the truth are grounds for this appeal to be canceled.***

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Spouse Signature (required)

\_\_\_\_\_  
Date

**OWKU Financial Aid Office Use:**

Appeal Status: \_\_\_\_\_ FA Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Original EFC: \_\_\_\_\_ Adjusted EFC: \_\_\_\_\_

Comments:

Student wages: \_\_\_\_\_

Spouse/parent wages: \_\_\_\_\_

Student AGI: \_\_\_\_\_

Spouse/parent AGI: \_\_\_\_\_

Student taxes paid: \_\_\_\_\_

Spouse/parent taxes paid: \_\_\_\_\_

Student Other untaxed income: \_\_\_\_\_

Spouse/parent other untaxed income: \_\_\_\_\_