



Fax: 719-255-3650  
Phone: 719-255-3460  
Email: [finaidse@uccs.edu](mailto:finaidse@uccs.edu)  
Web: [finaid.uccs.edu](http://finaid.uccs.edu)



# Special Circumstance Appeal Form

The Special Circumstance Appeal Form can be used if families have experienced special circumstances which merit recalculating the student's 2024-2025 financial aid eligibility based on 2023 income.

**Before an appeal can be considered, the student's 2024-2025 Free Application for Federal Student Aid (FAFSA) must be on file with the Office of Student Financial Aid and the student must have received their official 2024-2025 Award Letter.**

Student Last Name

Student First Name

Student ID

**You MUST attach the required documents (see center column below). You may keep this top page for your reference.**

**All documents should be turned in together in order to have your appeal processed in the most timely manner.**

Special Circumstance	Required Documents (All documents MUST be signed)	Reasons for Consideration (All documents MUST be signed)
<b>All Appeals MUST Include:</b> (Check one. If there are multiple reasons,	Signed written statement detailing the specifics of your circumstance	
	Submit a complete signed copy of your/spouse's 2023 federal tax returns (including schedules)	
	If dependent, submit a complete signed copy of your parent(s) 2023 federal tax returns (including schedules)	
	Submit copies of all W-2 forms for student/spouse and parent(s), where applicable	
Reduction in Income	Please submit the following for a reduction in income:	Reduction in Income during 2023 due to:
	Retirement or unemployment benefits statement(s)	*Termination / Layoff from job *Significant reduction in work hours *Retirement *Returning to school
	Last pay stub from all employers showing year-to-date earnings	
One-Time Income	Termination notice from employer, letter of resignation, or DD214	
	Please submit the following for one-time income:	
	Proof of unusual circumstances that resulted in debt	*IRS or 401K distribution *Unusual capital gains
Medical	Account statements from the financial institutions showing the balance after distribution	*Losses due to natural disaster
	Please submit the following for medical:	
	Explanation of benefits (EOB) statements	*Parent or student paid unusual medical expenses out of pocket which were not covered by insurances or already deducted on taxes. <b>Charges not yet paid cannot be considered.</b> If amount was itemized on a tax return (Schedule A) we cannot process a request.
Death	Proof of medical expenses incurred in the appropriate year which were <b>not covered by insurance</b>	
	Please submit the following for death:	
	Copy of death certificate	*Parent (if dependent) or spouse (if independent) passes away after the FAFSA has been filed.
Divorce / Separation	Copy of death benefits	
	Please submit the following for divorce/separation:	*Parent (if dependent) or spouse (if independent) no longer residing in the household due to separation or divorce after the FAFSA has been filed.
Marriage	Copy of legal separation agreement or full divorce decree	
	Please submit the following for marriage:	
	Copies of your/spouse's 2022 Tax Return Transcripts and 2022 W-2 forms	
	Marriage certificate	*Student gets married after the 2024-2025 FAFSA has been filed. *Marriage MUST happen prior to December 31, 2024.
Dependency Override	For common law marriage: a benefits enrollment/change form with any necessary supporting documentation for dependent eligibility & enrollment (proof of joint checking account, insurance, or taxes filed jointly). Also a notarized statement confirming your marital status.	
	Two letters from professionals on letter head	*An abusive family environment (forms of domestic violence) *Abandonment by parents *Incarceration or institutionalization of both parents
	One letter from a relative	
	Police reports/court documents (if they exist)	



Fax: 719-255-3650
Phone: 719-255-3460
Email: finaidse@uccs.edu
Web: finaid.uccs.edu

Cragmor Hall
1420 Austin Bluffs Parkway
Colorado Springs, CO 80918



Special Circumstance Appeal Form

Student Last Name

Student First Name

Student ID

Please provide a signed written statement detailing the specifics of your circumstance below (if more space is needed, please attach):

Large empty rectangular box for student statement.

By signing your name below and submitting this form, you certify that this information is correct. Should any changes occur to this information, you understand that you must notify the Office of Financial Aid and Student Employment in writing.

Student Signature

Parent Signature
(if dependent on the FAFSA)

Date