2014 – 2015

Special Circumstances Appeal Form

In cases where 2014 family income is expected to be substantially less than 2013, or if you have special circumstances we should take under advisement, you may request a review of family contribution and financial aid eligibility. Complete and return this form to the Financial Aid Office along with documentation to support your request.

Name: _______________________________________________ ID#: _______________________

Check condition and circle the person for whom it applies:

☐ You / Your Spouse / Your Parent(s) was / were employed in 2013 but is / are now unemployed or under employed.
   Suggested Documentation: Statement from Employer.

☐ You / Your Spouse / Your Parent(s) earned money in 2013, but has / have been unable to pursue normal income-producing activities during 2013 due to a disability or natural disaster.
   Suggested Documentation: Physician's statement or written description of natural disaster.

☐ You / Your Spouse / Your Parent(s) received unemployment compensation, child support, or Social Security benefits or other untaxed income in 2013 and have had a complete loss of those benefits in 2014.
   Suggested Documentation: Letter of explanation from source of benefit.

☐ Your Spouse / Parent whose 2013 income was reported on your application for Federal Student Aid has died since you submitted your application.
   Date of Death: _____/_____/_____
   Suggested Documentation: Death Certificate

☐ You/Your Parents have separated/divorced and income from both parties was reported on the application for Federal Student Aid for 2013.
   Suggested Documentation: Separation Agreement or Divorce Decree and Proof of Separation Form

☐ Your parent(s) will be attending college at least half-time between July 1, 2013 and June 30, 2014, and will be enrolled in a degree or certificate program.

   Name of parent(s) who meet this definition: ____________________________________________
   College(s) that parent(s) will attend: _________________________________________________
   Suggested Documentation: Proof of enrollment from the college(s) that parent(s) attend.

☐ Other: Please explain briefly and concisely those circumstances you wish us to consider when reviewing your financial aid eligibility. Examples include: non-reimbursed medical costs, one-time bonus etc. Please submit documentation supporting the circumstances with this form.

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

MAIL OR RETURN TO:
James Sprunt Community College, Attn: Financial Aid Office, PO Box 398, Kenansville, NC 28349
### Student / Spouse / Parent(s) Expected 2014 Income and Expenses (if required)

<table>
<thead>
<tr>
<th>Student / Spouse</th>
<th>Parent(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014 Income earned from work by student / father:</td>
<td>$</td>
</tr>
<tr>
<td>2014 Income earned from work by spouse / mother:</td>
<td>$</td>
</tr>
<tr>
<td>2014 U. S. Income Taxes to be paid:</td>
<td>$</td>
</tr>
<tr>
<td>2014 Other Taxable Income (e.g. unemployment benefit):</td>
<td>$</td>
</tr>
<tr>
<td>2014 Social Security Benefits:</td>
<td>$</td>
</tr>
<tr>
<td>2014 AFDC/ADC or TANF Benefits:</td>
<td>$</td>
</tr>
<tr>
<td>2014 Other non-taxable income or benefits:</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total Expected 2014 Income:</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

*************** You must sign this form in the presence of a notary. ***************

By signing this form, you agree to provide information that will verify the accuracy of your information, if requested. If you purposely give false or misleading information, you will be referred to the United States Department of Education’s Inspector General. If you purposely give false or misleading information in order to qualify for Title IV funds, you may be fined $10,000, sent to prison or both.

Student’s Signature: ____________________________ Date: ________________

Parent’s Signature: _____________________________ Date: ________________

Subscribed and sworn before me this _______ day of ____________________, 20____.

Notary Signature: __________________________________________

Print Notary Name: ___________________________________________ NOTARY SEAL

County: _____________ State: __________________________________

My commission expires: __________________________

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