

Lipscomb University - Office of Financial Aid

SPECIAL CIRCUMSTANCE APPEAL FORM

If you have extenuating circumstances which you believe warrant a re-evaluation of your eligibility for financial aid, you must complete this form. Requests are usually reviewed within 14 days after submission of this application and all applicable supporting documentation. ***Incomplete requests and large volumes of requests may cause a delay.***

Requests are reviewed based on the following criteria:

- *Case by case* basis (upon written request for review only)
- Decisions are *final* and cannot be re-appealed to Lipscomb nor the US Dept of Education
- Can only be used for *one* academic year (fall, spring, & summer)
- *Supporting and justifiable documentation* is submitted with this request

STUDENT DATA

Student Name _____ L# _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Email _____

Date 2023-24 FAFSA filed _____ 2022-23 FAFSA on file? Y or N

STUDENT'S PERSONAL STATEMENT OF CIRCUMSTANCE

Create a document explaining the extenuating circumstances that you believe warrant a re-evaluation of your financial aid eligibility. This must be signed / dated by the student and include your name and Lipscomb Student ID in the document. The Personal Statement is your opportunity to explain the reasons that require this appeal. Personal Statements remain confidential.

REQUIRED DOCUMENTATION

The following documents are required for ALL professional judgment requests:

Dependent Student

- Filed / Signed student taxes and W-2 for 2021 & 2022
- Filed / Signed parent taxes and W-2 for 2021 & 2022

Independent Student

- Filed / Signed student taxes and W-2 for 2021 & 2022
- Filed / Signed parent taxes and W-2 for 2021 & 2022

ADDITIONAL REQUIRED DOCUMENTATION

If any of the following circumstances apply please check the appropriate box(s) and provide the third-party documentation to support your appeal. Please note that your Personal Statement does not satisfy the third-party documentation requirement.

Circumstance	Person	Additional Required Documentation
<input type="checkbox"/> Involuntary loss of employment Note: Loss of Employment must be at least <u>10</u> weeks from date last worked	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Mother / Step-mother <input type="checkbox"/> Father / Step-father	<ul style="list-style-type: none"> Official statement of unemployment compensation listing amount of benefits received / to be received.
<input type="checkbox"/> Reduction or loss of untaxed income or benefits Ex. Unemployment compensation, Social Security, AFDC, etc.	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Mother / Step-mother <input type="checkbox"/> Father / Step-father	<ul style="list-style-type: none"> Official statement from agency (SSI, unemployment, etc.) reflecting reduction / cancellation and benefits paid to date.
<input type="checkbox"/> Divorce / Separation	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Mother / Step-mother <input type="checkbox"/> Father / Step-father	<ul style="list-style-type: none"> Divorce decree or completed Statement of Separation form Proof of change of residence demonstrating you no longer reside with your spouse
<input type="checkbox"/> Death of:	<input type="checkbox"/> Spouse <input type="checkbox"/> Mother / Step-mother <input type="checkbox"/> Father / Step-father	<ul style="list-style-type: none"> Copy of death certificate(s)
<input type="checkbox"/> Extraordinary medical expenses NOT COVERED BY INSURANCE Must be in excess of 7.5% of adjusted gross income and not claimed as a deduction on income taxes. Only medical expenses PAID out of pocket are eligible for consideration.	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Mother / Step-mother <input type="checkbox"/> Father / Step-father	<ul style="list-style-type: none"> Schedule A Medical / dental receipts of payment, canceled checks or payroll check stubs of health insurance premiums paid.
<input type="checkbox"/> Other: If none of the above-listed conditions provided apply to your situation, you must include in your Personal Statement of Circumstance explaining your extenuating circumstances for the academic year. You must submit supporting documentation to verify the condition and verification of all income for the preceding and current calendar year.		

WHAT TO SUBMIT

- Completed Special Circumstance Appeal Form
- Student’s Personal Statement Of Circumstance - Signed and Dated
- Required documentation supporting special circumstances.
- Must have a valid and Current FAFSA on file

DECISION

If Your Appeal Is Approved:

Your FAFSA will be updated in accordance with the Appeal Committee’s findings, and financial aid will be updated if required. Please note that an approved appeal is not a guarantee of additional financial aid.

If Your Appeal Is Denied:

Appeal results are final. Your appeal will be closed and will not be reviewed again by the Appeal Committee. Please ensure you submit all required documentation on your initial submission.

I/We certify that all information provided in this request is true and correct. I/We have not, knowingly, falsified any information in order to receive financial assistance that I would otherwise be ineligible to receive. If there are changes in my circumstance, I will *immediately* contact Lipcomb’s Office of Financial Aid.

Finally, I understand that the Lipscomb Financial Aid Office will report any type of fraudulent actions committed by me or on my behalf to the U. S. Department of Education. I fully understand that this can result in a penalty and possible imprisonment as specified by federal guidelines.

Student Signature _____ **Date** _____

Parent (or Spouse) Signature _____ **Date** _____

****Failure to provide documentation with this request will cause the request to be automatically denied****

Return this form and all requested documents to:

Via Mail:

Lipscomb University - Office of Financial Aid
Attn: Special Circumstance Committee
1 University Park Dr.
Nashville, TN 37204

In Person:

Office of Financial Aid
Crisman Administration Bldg.
First Floor

Via Email:

financialaid@lipscomb.edu