



Special Circumstances Appeal

STUDENT FIRST NAME: _____	STUDENT LAST NAME: _____
FAIRFIELD STUDENT ID: _____	YEAR OF COLLEGE GRADUATION: _____
ACADEMIC YEAR: 20 - ____ 20 - ____ (ex. 2023-2024)	PHONE: _____
STUDENT EMAIL: _____	

Fall Semester Deadline: AUGUST 1 Spring Semester Deadline: JANUARY 1

If you believe that there are special circumstances that were not considered in the financial aid application(s) or you can now document a significant change in your family's financial circumstances subsequent to filing your FAFSA and CSS Profile, please complete this Special Circumstances Appeal Form and send in supporting documentation.

Appeals will not be reviewed until all documentation is received as requested. Appeal awards, if granted, are for *one year only*. All students requesting a Special Circumstances Appeal are subject to the verification process and must submit verification documents for review of an appeal. **The verification process can result in an initial decrease/increase to student originally estimated aid offer. The appeal process may not restore reduced aid or offer additional aid.**

*****Submission of an appeal neither guarantees an adjustment to a student's award nor prevents the accrual of late fees on any unpaid student account balances.*****

REASON FOR SPECIAL CIRCUMSTANCES APPEAL and REQUIRED DOCUMENTATION

- LOSS OF WAGES OR EMPLOYMENT.** Date employment ended: ____. Attach: severance and/or unemployment benefits; last pay stub from previous employer; most recent pay stubs for each parent. If you own your own business or are self-employed you must provide the 2022 federal taxes, including all schedules.
- DIVORCE OR SEPARATION.** Subsequent to filing the Free Application for Federal Student Aid (FAFSA), you or your parent has become divorced or separated. Date of divorce/separation: _____. Attach: proof of separate residences from non-custodial parent (copy of utility bills, lease- rental agreement), statement about child support/alimony, divorce/separation decree, etc.
- DEATH OF A PARENT OR SPOUSE.** Date: _____. Attach: a copy of the death certificate and documentation of any death benefits received (state of life insurance, etc.).
- UNUSUALLY HIGH MEDICAL AND/OR DENTAL EXPENSES.** Amount for 2021 calendar year. You and/or your parent(s) can deduct only the part of your medical and dental expenses that *exceed* 7.5% of your AGI (adjusted gross income). Attach: a Copy of Schedule A (Form 1040)- Itemized Deductions.
- LOSS OF UNTAXED INCOME OR BENEFIT.** Date of termination: _____. Attach: documentation from the agency providing the benefits.
- Since each circumstance is unique, you must contact our office at finaid@fairfield.edu or 203-254-4125 discuss your special circumstances and required preliminary documentation.

EXPLANATION OF SPECIAL CIRCUMSTANCES

Please attach a **personal statement** describing the basis for your special circumstances appeal request. Please include ALL relevant information and any other information you feel would allow you to fully explain the circumstances.

CERTIFICATION *(This section must be completed)*

By signing below,

1. **We will make arrangements to pay our bill on time and not wait for the outcome of this appeal.**
2. We affirm that the data contained on this form and on all attached supporting documentation is true and complete to the best of our knowledge.
3. We acknowledge that submission of an appeal does not guarantee an adjustment to the student's award.
4. We recognize that submission of an appeal does not prevent the accrual of late fees on unpaid balances.
5. We understand that if any of our projections change, we will immediately notify the Office of Financial Aid.
6. We will provide all required documents as requested, to the Office of Financial Aid, and understand that my appeal will not be processed until all documents are submitted.

STUDENT SIGNATURE: _____

DATE: _____

PARENT LAST NAME: _____

FIRSTNAME: _____

PARENT SIGNATURE: _____

DATE: _____

EMAIL: _____

PHONE: _____

Please print, sign and submit this form, including all supporting documentation, to the Office of Financial Aid by the stated deadline.

Fairfield University 1073 North Benson Road Fairfield, CT 06824 p (203) 254-4125 f (203) 254-4008 finaid@fairfield.edu