



Student ID: _____
Rec'd by: _____
Date: _____

2025-26 Special Circumstances Appeal Form

Name _____ Student No. (SSN) _____

Eligibility for 2025-2026 financial aid is determined by many factors, including 2023 income. However, certain life events sometimes deem it more appropriate to use your current and projected income to determine your eligibility for federal aid. This form may be used to report **involuntary, permanent** income changes, unusual expenses, or changes in financial circumstances expected for the 2025 calendar year. The information provided on this form as well as other requested documentation will be used to consider changes in your family's financial status. The Office of Financial Aid will use that information to evaluate your 2025 projected income to determine if allowable adjustments could or should be made that present a more realistic picture of your family's ability to contribute toward the cost of a college education. Typically, a 20% or more reduction in total family income may cause a change in eligibility.

You (and your parents, if dependent) must provide all required/requested documentation. **For appeals submitted during or after November/December 2025, the 2025 IRS Federal Tax Return(s) and W-2 Forms are also required.**

Please check the box next to the situation that applies to your family.

Special Circumstance	Required Documents
<input type="checkbox"/> Divorce or Separation (Student or Parent)	<ul style="list-style-type: none"> • Copy of divorce decree/separation papers or evidence of separate living accommodations. • 2023 signed Tax Return(s) and 2023 W-2 Forms • 2024 signed Tax Return(s) and 2024 W-2 Forms • Provide a detailed letter of appeal that explains how your family's financial situation has changed since 2023 • 2025-26 Income Verification Worksheet and the 2025-26 Family Size Verification Worksheet
<input type="checkbox"/> Retirement (Student, Spouse or Parent)	<ul style="list-style-type: none"> • Letter of separation from employer (on company letterhead) • Copy of last pay stub showing earnings. • Statement of retirement benefits. • Provide a detailed letter of appeal that explains how your family's financial situation has changed since 2023 • 2025-26 Income Verification Worksheet and the 2025-26 Family Size Verification Worksheet • 2023 signed Tax Return(s) and 2023 W-2 Forms • 2024 signed Tax Return(s) and 2024 W-2 Forms
<input type="checkbox"/> Death of Parent/Spouse	<ul style="list-style-type: none"> • Photocopy of death certificate. • Provide a detailed letter of appeal that explains how your family's financial situation has changed since 2023 • 2025-26 Income Verification Worksheet and the 2025-26 Family Size Verification Worksheet • 2023 signed Tax Return(s) and 2023 W-2 Forms • 2024 signed Tax Return(s) and 2024 W-2 Forms
<input type="checkbox"/> Involuntary Loss of Employment (Student, Spouse or Parent)	<ul style="list-style-type: none"> • Letter of separation from employer (on company letterhead) • Copy of last pay stub from previous employer • Letter from current employer(s) stating wages earned to date and estimated 2025 calendar year income • Copy of Unemployment Benefit Payment History OR statement of ineligibility. • Provide a detailed letter of appeal that explains how your family's financial situation has changed since 2023 • 2025-26 Income Verification Worksheet and the 2025-26 Family Size Verification Worksheet • 2023 IRS signed Federal Tax Return(s) and 2023 W-2 Forms • 2024 IRS signed Federal Tax Return(s) and 2024 W-2 Forms
<input type="checkbox"/> Loss of Other Income (Student, Spouse or Parent)	<ul style="list-style-type: none"> • Statement of Benefits (e.g. social security). • Letter regarding ending payments from parent paying child support or statement from Friend of the Court, including stop date and amounts. • Provide a detailed letter of appeal that explains how your family's financial situation has changed since 2023 • 2025-26 Income Verification Worksheet and the 2025-26 Family Size Verification Worksheet • 2023 signed Tax Return(s) and 2023 W-2 Forms • 2024 signed Tax Return(s) and 2024 W-2 Forms
<input type="checkbox"/> Medical Expenses (not included on Federal 1040 Schedule A)	<ul style="list-style-type: none"> • Medical receipts. • Provide a detailed letter of appeal that explains how your family's financial situation has changed since 2023 • 2025-26 Income Verification Worksheet and the 2025-26 Family Size Verification Worksheet • 2023 signed Tax Return(s) including all schedules • 2024 signed Tax Returns(s) including all schedules



Office of Financial Aid
 323 Erie Street, P.O. Box 5015, Port Huron, Michigan 48061-5015
 810-989-5530 fax 810-989-5774 sc4.edu

Name _____ Student No. (SSN) _____

Be certain you have completed the following before submitting your appeal to us:

- Please complete all sections (both sides) of this form. If the answer is zero or not applicable, write a "0" in the appropriate place.
- If income is "Other Taxable Income" (column 4) or "Other Untaxed Income" (column 5) please circle the source of income being reported
- Attach all documentation as required and sign/date the bottom of this sheet.

2025 Income (earned and/or projected)	Parents' Income From Work (Gross)	Student and/or Spouse's Income From Work (Gross)	Interest/Dividend Income, Alimony, Pension Benefits, Annuities and Other Taxable Income	Unemployment Compensation, Social Security Benefits for all family members, Disability Benefits, Child Support, Workmen's Compensation, Life Insurance Proceeds, Insurance Settlement Proceeds & Other Untaxed Income
January 2025	\$	\$	\$	\$
February 2025	\$	\$	\$	\$
March 2025	\$	\$	\$	\$
April 2025	\$	\$	\$	\$
May 2025	\$	\$	\$	\$
June 2025	\$	\$	\$	\$
July 2025	\$	\$	\$	\$
August 2025	\$	\$	\$	\$
September 2025	\$	\$	\$	\$
October 2025	\$	\$	\$	\$
November 2025	\$	\$	\$	\$
December 2025	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$



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Certification: All of the information on this form is true and accurate to the best of my knowledge. I understand I may be asked for additional documentation. I realize that if I do not give proof when requested, I, the student, may be denied aid.

Print Student's Name: _____ Student ID _____

Student's Signature _____ Date _____
Please print and sign this form

Parent's Signature _____ Date _____
(dependent students only)

**Submit this worksheet to the Financial Aid Office at SC4 in Welcome Center Rm 251
or email to financialaid@sc4.edu**