



2020-2021 Financial Aid Special Circumstance/Appeal Form

STUDENT NAME: _____

STUDENT CELL PHONE #: _____

ALBRIGHT STUDENT ID: _____

PLEASE NOTE: You must file a Free Application for Federal Student Aid (FAFSA) and receive an award letter **before** submitting this form.

If your income has recently decreased, or you have special financial circumstances that were not taken into account on your FAFSA, we may be able to reevaluate your financial need based on your actual 2019 tax year income, or a projection of your 2020 income. For dependent students, we consider both student and parent incomes. For independent students, we only consider the student and the spouse's incomes.

You have the right to advise the Financial Aid Office, Albright College of changes in family circumstances that you believe impact your Free Application for Federal Student Aid (FAFSA) and, accordingly, your ability to support your education during academic year 2020-2021. Circumstances considered include, but are not limited to, death, financial losses linked to natural disaster not covered by insurance, significant medical or dental out of pocket expenses, one-time income shown on your 2018 IRS 1040 form, losses of income beyond control of the family, and marital status changes. Our goal is to respond to your federal appeal request within **30** business days.

Please Include With This Form

1. A **signed cover letter** noting specific dates of each circumstance and the cost associated with the circumstance.
2. This **form** completed in its entirety, along with signatures of all parties and date.
3. **Documentation** supporting all circumstances included in your cover letter.

Forward your complete packet to:

Albright College Financial Aid Office
P.O. Box 15234
Reading, PA 19612-5234

NOTE: If you have not already completed the verification process, you may be selected during our review of your appeal.

Examples of Routinely Provided Documentation

- Unemployment benefits statement
- Termination notice
- Memo/letter from employer regarding change or reduction in employment
- Physician's disability statement
- Attorney's statement regarding marital status change
- Court statements regarding/termination of child support
- Social security benefits termination notice
- Death certificate
- IRS 1040s displaying the loss of income or one-time payment
- Copies of paid bills associated with primary home repairs after a natural disaster
- Paid medical/dental bills

Step 1: Please check below all circumstances that apply to your family.

- _____ 1. I experienced a **change in employment** status between 2018, 2019, or 2020.
- _____ 2. I **lost income** shown on my 2018 Federal 1040 Form. Please provide a signed copy of your 2018 Federal Tax Return and W-2 forms.
- _____ 3. I experienced a **separation or divorce** from my spouse **after** I signed my 2020-2021 FAFSA.
- _____ 4. My 2018 **out-of-pocket medical or dental** expenses were uncharacteristically high.
- _____ 5. My **mother, father, or spouse died** after I signed the 2020-2021 FAFSA.
- _____ 6. In 2018, I experienced a loss of income associated with a **natural disaster**.
- _____ 7. I have **other circumstances** not captured in the categories noted above. Please provide detailed explanation.

Step 2: Provide an **estimate** of the income you expect to receive in 2020, or provide your actual 2019 income.
(Enter \$0 if item does not apply.)

DEPENDENT:

(If a parent was a non-filer in 2018, they will need to submit a verification of non-filing letter from the IRS. This can be obtained at www.irs.gov.)

Father's/Step-Father's Income from work: _____

Mother's/Step-Mother's Income from work: _____

Student's Income from work: _____

Other taxable income: _____ **Source:** _____

Untaxed income or benefits (Social Security, Worker's Compensation, AFDC, Child Support, etc.): _____

Other untaxed income: _____ **Source:** _____

INDEPENDENT:

(If you or your spouse was a non-filer in 2018, you will need to submit a verification of non-filing letter from the IRS. This can be obtained at www.irs.gov.)

Student's Income from work: _____

Spouse's Income from work: _____

Other taxable income: _____ **Source:** _____

Untaxed income or benefits (Social Security, Worker's Compensation, AFDC, Child Support, etc.): _____

Other untaxed income: _____ **Source:** _____

Certification Statement: We the undersigned certify that the information on this form is true and complete to the best of our knowledge. We acknowledge that failure to provide appropriate documentation will result in the College's inability to consider this request for additional federal financial aid.

NOTE: Incomplete paperwork will delay the review of your appeal.

Student Signature: _____ **Date:** _____

Parent/Spouse Signature: _____ **Date:** _____

Parent's Cell Phone (if applicable): _____

Parent's Email _____

Questions / Concerns?

Phone Number: (610) 921-7515

E-Mail: finaid@albright.edu

Fax: (610) 921-7729