



EAST TENNESSEE STATE
UNIVERSITY

Financial Aid & Scholarships

Special Circumstances Appeal Form

Name _____	ETSU ID Number E _____
Address _____	City/State/Zip: _____

The Office of Financial Aid and Scholarships recognizes that many families have changes in income or family situations that cannot be reflected in the 2024 tax return. Therefore, it is possible for students to appeal their financial aid eligibility if they have unique financial circumstances. If selected for verification by the Department of Education, you must complete verification before submitting this request. Notification of the Committee's decision will be sent to your ETSU email address. All Committee decisions are final and not appealable to the U.S. Department of Education.

A Special Circumstances Appeal may be filed if you or your family have extenuating circumstances, which you believe warrant a reevaluation of your financial aid. Circumstances may include:

- Loss or change of employment
- Loss or change in untaxed income (child support, Social Security, or other benefits)
- Divorce or separation of parents or spouse
- Death of parent(s) or spouse
- Unusual medical expenses (not covered by insurance)
- One-time taxable income used for life changing events (e.g. IRA, pension distribution, back-year Social Security payments)

Circumstances that are NOT considered extenuating include, but are not limited to:

- Standard living expenses (e.g. utilities, credit card payments, children's allowances, etc.)
- Mortgage payments
- Car payments
- Credit card or other personal debts
- Vacation expenses
- All other discretionary expenses

All appeals require Tax Return Transcripts and Wage and Income Transcripts for student and parent (if student is dependent). You may obtain a 2024 Tax Return Transcript and 2024 Wage and Income Transcript by going online to <https://www.irs.gov/individuals/get-transcript> or you may call the IRS at 1-800-908-9946 and follow the prompts to request. Copies of 1040, 1040A, or 1040EZ forms cannot be accepted. Special Circumstance Appeals received after 11/15/26 will not be considered until a signed copy of a 2026 tax return, including all schedules, and 2026 W-2s and/or 1099s have been submitted.

Student Name: _____

Student ID#: _____

THIS APPEAL WILL NOT BE ACCEPTED WITHOUT THE REQUIRED SUPPORTING DOCUMENTATION ATTACHED. Failure to provide adequate documentation will result in your appeal being denied.

Allow 3 to 4 weeks for processing from the time a complete appeal package has been submitted. During peak times processing may take longer. **Submitted documentation will not be returned. Please do not submit originals.** Submission of this form with your signature verifies that you have read the procedures above and that all your statements are true and accurate. **DO NOT EMAIL documents with Personally Identifiable Information (PII) (i.e. SSN, Full Name, Phone #, Address...).**

Check Box	Reason	Required Documentation
<input type="checkbox"/>	<p>Significant loss of income/loss of employment for at least 3 months (Student, Parent(s), Spouse)</p> <p>*Requests involving self-employment, commission, tips or other variable income will generally not be reviewed until the end of the calendar year due to the complexity of estimating yearly income. Requests may also be delayed until the end of the calendar year if income is undeterminable, if the affected member is seeking employment and has obtained employment, or if you or your parents itemize deductions with a Schedule A on your tax returns.</p> <p><input type="checkbox"/> For Job Loss Appeals there is a waiting period of 12 weeks from date of termination</p>	<ul style="list-style-type: none"> • Special Circumstances Appeal form • Student/Parent (if dependent) Asset Form • Verification Worksheet • Signed/dated detailed letter explaining your circumstances • 2024 Tax Return Transcript from IRS website for student and parents (if dependent). <i>Copies of 1040, 1040A or 1040EZ are not acceptable.</i> • 2024 Wage and Income Transcript from IRS website for student and parents (if dependent) • Letter from former employer(s) stating the last date of employment • Copy of unemployment compensation letter or signed statement that you did not or will not receive unemployment benefits • Copy of last 3 pay stubs from former employer(s) and current employer(s), if applicable. • If this form is submitted after 11/15/2026, a signed copy of a 2026 Tax Return, including all schedules, and W-2s should be submitted for student (spouse) and parents (if dependent). • Copy of DD214 if appeal is due to discharge from active military duty. <p>May be applicable:</p> <ul style="list-style-type: none"> -Proof of severance package benefits -Proof of pension income -Proof of other income (1099, Roth IRA Statement)

Student Name: _____

Student ID#: _____

<input type="checkbox"/>	Death of a parent or spouse that occurred after filing of FAFSA	<ul style="list-style-type: none"> • Special Circumstances Appeal form • Student/Parent (if dependent) Asset Form • Verification Worksheet • Signed/dated detailed statement explaining circumstances • 2024 Tax Return Transcript from IRS website for student and parents (if dependent) Copies of 1040, 1040A or 1040EZ are not acceptable. • 2024 Wage and Income Transcript from IRS website for student and parents (if dependent) • Copy of death certificate
<input type="checkbox"/>	Loss of Untaxed Income (social security, disability, child support, alimony, unemployment, etc.)	<ul style="list-style-type: none"> • Special Circumstances Appeal form • Verification Worksheet • Student/Parent (if dependent) Asset Form • Signed/dated detailed letter explaining circumstances • 2024 Tax Return Transcript from IRS website for student and parent (if dependent) Copies of 1040, 1040A, or 1040EZ are not acceptable • 2024 Wage and Income Transcript from IRS website for student and parents (if dependent) • If benefit terminated, provide documentation of monthly benefit amount and date of benefit termination. • If benefits reduced, provide documentation of original amount, date of reduction and reduced amount.
<input type="checkbox"/>	Separation/ Divorce of Student or Parent (occurred after filing of FAFSA)	<ul style="list-style-type: none"> <input type="checkbox"/> Special Circumstances Appeal form <input type="checkbox"/> Student/Parent (if dependent) Asset Form <input type="checkbox"/> Verification Worksheet <input type="checkbox"/> Signed/dated detailed statement explaining circumstances, including income student/parent will receive in 2025 as result of divorce. <input type="checkbox"/> 2024 Tax Return Transcript from IRS website for student and parents (if dependent) Copies of 1040, 1040A or 1040EZ are not acceptable. <input type="checkbox"/> 2024 Wage and Income Transcript from IRS website for student and parents (if dependent) <input type="checkbox"/> Copy of legal separation documentation <input type="checkbox"/> Proof of separate households (utilities bills, etc.) <input type="checkbox"/> Copy of final divorce decree with attached settlement/ mediation agreement
<input type="checkbox"/>	Unusual Out-of-Pocket Medical Expenses (expenses NOT paid by insurance provider)	<ul style="list-style-type: none"> <input type="checkbox"/> Special Circumstances Appeal form <input type="checkbox"/> Student/Parent (if dependent) Asset Form <input type="checkbox"/> Verification Worksheet <input type="checkbox"/> Signed/dated detailed letter explaining circumstances <input type="checkbox"/> 2024 Tax Return Transcript from IRS website for student and parents (if dependent) Copies of 1040, 1040A, or 1040EZ are not acceptable <input type="checkbox"/> 2024 Wage and Income Transcript from IRS website for student and parents (if dependent) <input type="checkbox"/> Proof of out-of-pocket payment (canceled checks, credit card statements, receipts, etc.)

Student Name: _____

Student ID#: _____

Continued from previous page	Unusual Out-of-Pocket Medical Expenses - Continued (expenses NOT paid by insurance provider)	<input type="checkbox"/> Copy of Schedule A from 2024 tax return to reflect itemization Statement from pharmacy indicating amount paid for prescriptions and name of patient <input type="checkbox"/> Statement from physician indicating out-of-pocket payments and name of patient
<input type="checkbox"/>	One-time taxable income used for life changing event (IRA, Pension distribution, back-year Social Security payments, back-year child support payments, etc.)	<input type="checkbox"/> Special Circumstances Appeal form <input type="checkbox"/> Student/Parent (if dependent) Asset Form <input type="checkbox"/> Verification Worksheet <input type="checkbox"/> Signed/dated detailed letter explaining circumstances <input type="checkbox"/> 2024 Tax Return Transcript from IRS website for student and parents (if dependent) Copies of 1040, 1040A, or 1040EZ are not acceptable <input type="checkbox"/> 2024 Wage and Income Transcript for student and parents (if dependent) <input type="checkbox"/> Documentation to identify source of the one-time taxable income <input type="checkbox"/> Proof of payment and an itemized statement indicating how the funds were spent (cancelled checks, receipts, bank statements, etc.)
	Marriage of Student (after filing of FAFSA)	<input type="checkbox"/> Special Circumstances Appeal form <input type="checkbox"/> Student/Parent (if dependent) Asset Form <input type="checkbox"/> Verification Worksheet <input type="checkbox"/> Signed/dated detailed letter explaining circumstances and current household size <input type="checkbox"/> 2024 Tax Return Transcript from IRS website for student and spouse Copies of 1040, 1040A, or 1040EZ are not acceptable <input type="checkbox"/> 2024 Wage and Income Transcript for student and spouse <input type="checkbox"/> Copy of marriage certificate

Student Name: _____

Student ID#: _____

My signature below certifies the information I have provided on this form and attached documentation is true and complete to the best of my knowledge. I agree to provide proof of the information if and when requested. I understand that the penalty for providing false or misleading information is a \$20,000 fine, a prison sentence, or both.

Student Signature

Date

Parent/Spouse Signature

Date

To submit the completed form, please make an appointment with our Assistant Director of Training and Service by selecting the 'Special Circumstance Appeal' option on our website. Other options for submitting the form are in person at the Office of Financial Aid and Scholarships located at Burgin-Dossett – Room 105 or by mail Office of Financial Aid and Scholarships, P.O. 70722, Johnson City, TN 37614; Fax: (423) 439-5855

DO NOT EMAIL documents with Personally Identifiable Information (PII) (i.e. SSN, Full Name, Phone #, Address).