

2024-2025 SPECIAL CIRCUMSTANCE/APPEAL FORM

Documentation of outstanding medical bills not

reimbursed or paid by insurance

Federal Student Aid Regulations provide the potential for re-evaluation if your financial circumstances change. The 2022 income information that you reported on your financial aid application may not be an accurate indicator of your ability to pay for educational costs. If your family meets one of the circumstances indicated below, your financial aid eligibility may qualify for re-evaluation. Once you have completed all steps below, return this form along with the **suggested supporting documentation** to the NGU Financial Aid Office. Submission of this form does not guarantee a change in your financial aid eligibility. Each case will be evaluated on an individual basis.

Student	Information					
Name	Last First		Date MI			
ermanei	nt AddressNumber and Street (including A	Apt. No.)	City	State	Zip Code	
Student II	D	Phone				
	Loss or Change of Employment/Reduction of Income	•	loss or reduction Most recent particular recent	tion of circumstance on of income (who, ay stub with year-to otice from employer licating date of sepa fter the last day of e ing this form. ement (if applicable t benefits statemen	effective date) -date earnings. (on business ration. Please employment	
	Loss of untaxed income or benefits (i.e. child support, Social Security benefits, housing allowance, etc.)	•	loss or reduction date) 2022 Benefit Streceived,	tion of circumstance on of income/benefi tatement listing tota senefit Statement lis ctive date	t (who, effective	
	Parent or Spouse Separation/ Divorce	•	agreement (pro Documentation separated part have incurred to bills, lease, etc	livorce decree or se eferably from a lawy n indicating that the ies have been living their own living expo .).	yer*). divorced or separately and enses (i.e., utility	
	Death of Parent	•		death certificate ent W2 for surviving	parent	
	Medical/Dental Expense	•		tion of expenses (to d 2024 payments)	tal paid in 2023	

Possible Additional Documentation:

OFFICE USE ONLY

Reason for Denial ____

☐ APPROVED

- Dependent student- attach 2022 & 2023 federal tax returns for both parents. If the student's income was affected, please also provide a copy of the student's tax returns. If no tax return was filed but the student had earnings, please attach the applicable W-2(s).
- Independent student- attach 2022 & 2023 federal tax returns for student/spouse.
- Attach the most recent pay stub showing new/changed salary, if applicable. Include the last pay stub from any
 position terminated in 2024. Also, include documentation of unemployment benefits, retirement income,
 severance pay, etc.

Projected Income for 2024-Calendar Year – Please provide estimates of income for the following individual (if applicable). If an item does not apply, write "N/A". Please do not leave any blanks or the form will not be processed.

	Income Source	Student	Spouse (if married)	Parent(s), if dependent		
	2024 Wages and salaries	Student	Spouse (ii mai rieu)	Tarent(3), if dependent		
	2024 Unemployment					
	2024 Disability benefits					
	2024 Social Security					
	benefits					
	2024 Child support					
	received					
	2024 Alimony received					
	2024 other untaxed					
	income					
	Other (explain)					
cop Wa	y of federal or state tax returns. I	also realize that if I do not	mation that I have given on this form. I r t give proof when asked, the Special Cir u purposely give false or misleading info years, or both.	cumstance will not be reviewed.		
Stu	dent Signature:					
Par	ent or Spouse Signature:					
Date Completed: Is your documentation attached?						
			documents are received. We may requil circumstance is not properly document			
NO	TE: Please write the student's nar	ne and NGU student ID n	umber on the IRS tax return transcript(s) before submitting.		
All requested documentation can be mailed or faxed to our office: Fax: (864) 818-4681 North Greenville University, Attn: Financial Aid Office, P.O. Box 1892, Tigerville, SC 26988						

DENIED Date______Staff Signature _______ 2nd Check By _____

_____ 12 Month Period Used _____