2027-2028

Special Circumstance Appeal Form

Student Name: _____

Student ID: _____

The University of Mount Union understands that special circumstances occur which may affect a student's financial aid eligibility. The financial aid office will review each request on an individual basis.

Please note that submission for review will not guarantee changes in your financial aid nor prevent any late charges that may be applied to a student's tuition account balance. **Please do not disregard your University of Mount Union bill due date while waiting for the appeal decision.**

STEP 1: STUDENT AND PARENT TAX INFORMATION

Submit **2025 & 2026 W2s, tax returns, and schedules 1, 2 & 3 (if applicable)** with this form for both the student and parent**.**

STEP 2: CHECK YOUR CIRCUMSTANCE AND ATTACH THE REQUESTED DOCUMENTATION

Special Circumstance	PLEASE ATTACH THE FOLLOWING DOCUMENTATION:
☐ Loss or reduction in wages: Recent loss/change of job or recently retired.	• Documentation indicating the last day of work and any benefits received • Last pay stubs for parents, including the parent still employed • New employer pay stub showing new wages (if applicable) • Documentation of unemployment benefits
☐ Reduction or loss of other income: Benefits received in the tax year on the FAFSA, such as alimony, (taxed) social security, workers' comp, retirement/pension, have ceased or been significantly reduced.	• Original Benefit statement listing total amount received • Revised Benefit statement and/or court documents listing updated amount to receive and effective date • Documentation indicating the date of change
☐ Child Support: Change in the amount of child support received or paid.	• Current and previous court orders
☐ Divorce/Separation/Recently married after the FAFSA was filed	• Court paperwork and most recent pay stubs for parents

☐ Death of Parent or Spouse	• Death certificate and most recent pay stub for surviving parent
☐ Private School Tuition: Paying for private school tuition for siblings.	• Payments of private school tuition for **siblings** (**DO NOT include the prospective UMU student in these payments or calculation**) • Documentation showing tuition amount **PAID** during the tax year reflected on the FAFSA
☐ Medical Expenses NOT covered by insurance	• Proof of payment for out-of-pocket expenses or copy of Schedule A of 1040 • Documentation from health insurance showing accumulated amounts paid towards annual deductible/out-of-pocket maximum
☐ Loss of one-time income: You received one-time income that will not occur in the current tax year (e.g., rollover into a Roth IRA, moving expens- es allowance, back-year Social Security payments, or a divorce settlement). Special circumstance consideration will not be given if this one-time income is a result of an inheritance, job bonus, or overtime compensation, gambling winnings, pension, capital gain, insurance settlements, or early distributions of retirement account	• Contracts, agency notices, or legal papers that indicate the date your (or your spouse's) **one-time** income was received • The amount of income that came from that source • How that income was used
☐ Other	• Please provide detail in the letter for step 3 explaining your special circumstance and provide supporting documentation



STEP 3: EXPLANATION

Attach a letter explaining your circumstance. Please include the effective date.

STEP 4: CERTIFICATION

After receiving all required documents, a review of your appeal information will be completed within 3-4 weeks. During the review period, you may be asked to provide additional information, in which case it may take additional time to complete the process. Once the Special Circumstance Appeal has been completed, you will be notified of any changes resulting from the appeal. **Please note that a recalculation in financial need does not guarantee that additional aid will be awarded.**

I/we certify that all information and documentation that I/we have provided pertaining to this appeal is true and complete.

Student_____ Date _____

Parent's signature is required for dependent student (as determined by the FAFSA)

Parent_____ Date _____

STEP 5: EMAIL, MAIL, FAX, OR DROP OFF DOCUMENTS TO STUDENT FINANCIAL AID

Email documents to finaid@mountunion.edu
Mail to the Office of Student Financial Aid, 1972 Clark Ave, Alliance, OH 44601
Fax documents to (330) 829-2814

Please do not send any personally identifiable information via email (e.g. Social Security Numbers, dates of birth, etc.)

Questions? Contact the Office of Student Financial Aid
(330) 823-2674 finaid@mountunion.edu