Bennett COLLEGE

Education for your future. Sisterhood for life

Office of Student Financial Aid
Special Circumstances Appeal 2020-2021
Please allow up to 30 days for this form to be processed Deadline to submit form is April 1, 2021

This form is used to request special consideration for Federal Student Aid due to separation/divorce, death, loss of employment, excessive medical expenses, loss of untaxed income or benefits, etc. Incomplete requests will not be considered. **Approval does not guarantee additional funding.**

_____ Student ID: _____
Student's Name

_____
Student Address City State Zip Code

_____ ( ) _____
Student Email Address Student Telephone Number

*****Place a check mark in appropriate box for your request*****

Section A: Job Loss/Reduction in Income (Must be continuous for at least 3 months before appeal will be considered) □
You are required to submit all the following information:

- **Provide a detailed letter (parent) or (student if independent) explaining the circumstances upon which you are requesting for review. Include dates indicating when circumstances occurred.** • Submit year-to-date earnings statement or copy of final paystub;
- Submit a copy of most recent paystub if you, a parent or spouse is currently employed;
- Submit documentation of unemployment, severance pay, disability or etc.
- Provide copy of 2018 and 2019 tax return transcript or signed copy of Federal Tax Return along with W- 2's.
- Submit letter from employer indicating employee's termination date and any payments or benefits received due to the separation; and complete income estimation table below.

2020 INCOME ESTIMATION TABLE January 1, 2020– December 31, 2020

Provide documentation or statement verifying how you arrived at the following figures

Income from work by student **Amount: $**_____
Income from work by student's spouse **Amount: $**_____
Income from work by father/stepfather **Amount: $**_____
Income from work by mother/stepmother **Amount: $**_____

PROVIDE DOCUMENTATION

Other taxable income –- List sources (i.e., unemployment compensation, disability benefits, interest and dividend income, alimony, pensions, real estate income, capital gains/losses, and all other taxable income):

Source: _____ **Amount: $**_____
Source: _____ **Amount: $**_____
Source: _____ **Amount: $**_____
Total: $_____

PROVIDE DOCUMENTATION

Nontaxable income – List sources (i.e., TANF, Social Security benefits, child support, and all other non-taxable income):

Source: _____ **Amount: $**_____
Source: _____ **Amount: $**_____
Source: _____ **Amount: $**_____
Total: $_____

Section B – Divorce/Separation or Death:

□ A copy of divorce decree, death certificate, separation agreement, or obituary.

- **Provide a detailed letter (parent) or (student if independent) explaining the circumstances upon which you are requesting for review. Include dates indicating when circumstance occurred.**
- Letter from appropriate State or Federal agency or other legal documentation specifying termination date and amount of benefits received. Submit a completed 2020-2021 Verification Worksheet;
- If joint tax return was filed, attach copies of 2018 and 2019 tax return transcript or 2018 and 2019 signed tax return and copies of all W-2's and supporting schedules.

Section C- Medical Expenses – (Unreimbursed expenses only)

□ Submit a complete Federal 2018 and 2019 IRS tax transcript or a signed copy of your 2018 and 2019 tax return and all W-2's. Complete the table below and attach documentation showing total checks or receipts paid by you in 2018. **We cannot consider balances that have not been paid or paid by insurance.**

Name of Family Member	Month/Year Expenses Incurred	Total Charge	Amount Paid by Family (out–of-pockets)
Example: Jane Johnson	*10/18*	*$5,000*	*$4,000*
Total Amount of expenses Paid by Family ►			$

Sign the Certification Statement below:

All the information on this Special Circumstances Appeal Form is true and complete to the best of my knowledge.

I understand that if I purposely give false or misleading information on this Appeal Form, I may be subject to a fine, a prison sentence or both.

If you are a dependent student, one parent must also sign. If you are a married student, your spouse must also sign.

Student	**Date**	**Parent**	**Date**

Student's Spouse **Date**

Mail or Fax completed form to:
Bennett College
Office of Student Financial Aid
900 E. Washington Street
Greensboro, North Carolina 27401
Telephone: 336-517-2222 Fax: 336-517-2204