Unusual Circumstances Appeal  
2015-2016

Student Name: _______________________ ID # __________________
Phone # _____-_____ -_____
Email ______________________________________________________

Please do not submit this form unless you have submitted your 2015-2016 Free Application for Federal Student Aid (FAFSA) and have received your award letter.

Your financial need is determined by the federal government when you complete and submit the FAFSA. Your financial aid award package is based on this information. If you feel you have an unusual circumstance that has recently occurred and therefore was not reflected on the 2015-2016 FAFSA, you may provide our office with a detailed explanation of the situation and the relevant documentation to support your claim. In turn, we will review your documentation and determine if an adjustment to your FAFSA is appropriate. Perry Technical Institute recognizes that special/unusual circumstances may affect a student’s eligibility for federal financial aid. Projected income appeals will be accepted from June 1st, 2015 thru September 30, 2015. October 1st, 2015 or later a 2015 tax return transcript will be required.

In order to be considered, all sections must be completed and submitted to us WITH THE APPROPRIATE DOCUMENTATION AS INDICATED. Decisions are final and based upon your specific documentation.

Incomplete request forms will be returned and will not be reviewed until we receive all of the required documentation. Thank you for your careful attention to this requirement.

PLEASE INDICATE THE UNUSUAL CIRCUMSTANCE(S) YOU WOULD LIKE US TO REVIEW:

Who are the changes for?  □ Student  □ Student’s Spouse  □ Student’s Mother  □ Student’s Father
*Name if other than student _____________________________ SSN _____________________

1. LOSS OF EMPLOYMENT
   _____ Termination _____ Layoff _____ Disability _____ Retirement _____ Company Closing _____ Quit

   Currently employed? _______ Yes _______ No (If yes, where? _____________________________)

   ◆ Documentation Required (please submit all that apply so that we can best estimate your expected 2015 income):
   o Last date of employment: _____/_____/_____
   o (include verification from most recent employer of last date of employment)
   o Date expected to return to work: _____/_____/_____(if applicable)
   o Copy of latest 2015 pay stub(s) showing year-to-date earnings for all employers worked for in 2015 for all members of household – this is necessary to estimate expected income for the entire year. If you only had one employer in 2015 and are still working, bring in your last two paystubs.
   o Unemployment verification and total unemployment dollars earned in 2015 along with anticipated earnings for the remainder of 2015
   o Copy of latest federal tax return and all W-2’s (If after 10/1/2015: 2015 Tax Transcripts)
2. LOSS OF UNTAXED INCOME OR BENEFIT
   _____ Unemployment benefits _____ Child Support _____ Social Security Benefits
   _____ Other: (explain) ___________________________________________________________

   ♦ Documentation Required:
     Date benefits ceased: __/__/____
     Date benefits would be available again: __/__/______ (if applicable)
     Copy of document indicating the benefits have ceased
     If after 10/1/2015: Copy of 2015 Federal Tax Return Transcripts and all W-2’s

3. EXCESSIVE MEDICAL EXPENSES that are not covered by insurance or any other source

   ♦ Documentation Required:
     Bills related to illness
     Insurance coverage related to illness
     If after 10/1/2015: Copy of 2015 Federal Tax Return Transcripts with Schedule A attached (if medical expenses were filed on tax return)

4. MARITAL STATUS CHANGE (Status cannot be updated for marital separation)
   _____ divorce _____ death of a spouse/parent

   ♦ Documentation Required:
     Copy of 2015 Federal Tax Return Transcripts and W-2’s
     Copy of most recent 2015 pay stub(s)
     Copy of completed/signed/filed Divorce decree (if applicable)
     Copy of Death Certificate (if applicable)

5. OUT OF POCKET EXPENSE (for tuition only) at private elementary or secondary schools for children.

   ♦ Documentation Required:
     Copy of student account statement showing charges and payments made
     If after 10/1/2015: Copy of 2015 Federal Tax Return Transcripts and all W-2’s

6. OTHER: Please write a detailed statement in the space below regarding your circumstances and provide supporting documentation to support your claim. (If needed, attach a separate sheet)

   Documentation such as federal tax returns, W-2’s, pay stubs, letters from employers or doctors, state unemployment check-stub or federal social security 1099, etc., which support the basis for your appeal must be submitted.

If you do not submit documentation or leave pertinent sections of this form blank, the form will be returned to you for completion. No review will take place until all documents have been provided to our office.

♦ I/we request the financial aid office to consider this Request for Professional Judgment based on these circumstances.
♦ I/we certify under penalty of perjury that the information provided on this form and for this Request for Professional Judgment is accurate and complete to the best of my/our knowledge.

Student Signature: __________________________________________ Date: ________________

Student’s Parent/Spouse Signature: ____________________________ Date: ________________

Return this form and all required documentation to: Perry Technical Institute; Financial Aid Office

Revised 4/21/15