2025-26 Student Special Circumstances Appeal



FINANCIAL AID OFFICE | 3003 Snelling Avenue North | St. Paul, MN 55113-1598 | 866-853-2455 | 651-631-5212 financialaid@unwsp.edu | unwsp.edu/finaid

The U.S. Department of Education gives the Financial Aid Office the authority to make adjustments to a student's FAFSA when financial circumstances arise that are out of the control of the student. A current FAFSA application is required in order to be eligible for an appeal. Submit this appeal form with supporting documentation to the Financial Aid Office. We will contact you if further clarification of your appeal or if additional documentation is needed. An incomplete form and incomplete documentation will delay the appeal process.

Once the Financial Aid Office has received your completed appeal form and all of the necessary documentation, we will process your appeal and will notify you of the results within a week. Submission of an appeal does not guarantee a change in financial aid eligibility. Please note that not all situations warrant an appeal. See page 2 for a list of situations that are not appealable.

PLEASE CHECK THE APPROPRIATE SECTION (S): (Complete only the section(s) that apply to you)

If you are a dependent student, for the purposes of FAFSA, submitting an appeal for reduction of income will most likely not have an impact on your financial aid eligibility. If you are an independent student, for the purposes of FAFSA, an appeal for reduction of income may have an impact on financial aid eligibility.

☐ STUDENT REDUCTION IN INCOME OF	R REDUCTION IN UNTAXED INCOME	
Provide the month and year that your	income changed or your spouse's incor	me changed:
• Required Documentation:		
schedules). If completing t	bs for self and spouse and your signed he appeal after May 2025, provide you employment benefits, provide a copy o	r signed 2024 Tax Return (including all
	taxed benefits, provide a copy of the co iate agency (example: child support rec	
Are you self employed? (check one) Is your spouse self-employed? (check one)	k one) Yes No	
If you and/or your spouse is self-em employment:	ployed, provide your projected earning	s. List only income from self-
Name of Self-Employed Person	2025 Projected Self-Employment Earnings	2026 Projected Self-Employment Earnings

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\square AD	DITIONAL COLLEGE EXPENSES	, SUCH AS 2026 SUMMER	SCHOOL, CHILI	D CARE, ET	TC
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If you need to increase your school year budget, you may provide your budget information in the right-hand column. Increasing your budget will not increase your eligibility for need-based grants, but it may increase your eligibility for loan funds.

- Required Documentation:
 - Provide documentation to support your additional expenses. This could be receipts for items purchased, bank statements showing your monthly expenses, copies of checks etc.

COSTS STAN	DARD 9-MONTH BUDGET	YOUR SCHOOL YEAR BUDGET
Tuition	\$ 37,996	\$
Housing (Room)	\$ 6,900	\$
On-Campus Food Plan	\$ 5,004	\$
Activity/Health/Tech. Fees	\$ 950	NOT APPEALABLE
Books/Supplies/Materials/Equipmer	it \$ 400	\$
Transportation	\$ 1,040	\$
Additional Food Allowance	\$ 1,420	\$
Personal Expenses	\$ 880	\$
Other	\$	\$
TOTAL COSTS	\$ 54,590	\$

this form, briefly explain your circu Situations that warrant an appeal is school/elementary school, significate appeal: tithing/charitable giving, m	oses of FAFSA, and you have other unusual financianstances. You will be required to provide documentallude uninsured medical/dental expenses, private to support of an extended family member. These siturtgage payments, wedding/vacation/mission trip expenses, car, credit card expenses). Use additional pages in	ation to support your claim. uition paid for children in high uations do not warrant an openses, all consumer debt,
Student Name	Student Signature	
SSN or UNW ID #	Date	