



Southwestern Michigan College

2024-2025 Special Circumstances Appeal

Financial Aid Office, 58900 Cherry Grove Road, Dowagiac, MI 49047 Phone: 269.783.2143 Fax 269.783.2114 Email: finaid@swmich.edu



Please Note: You must file the 2024-2025 Free Application for Federal Student Aid (FAFSA) before submitting this form. After your FAFSA is processed through the Department of Education, you will be contacted by our office to complete any additional documents that may be required. Once your financial aid file is considered to be complete by our office, you may then submit this appeal.

This appeal is used to request an adjustment to the income reported on the 2024-2025 Free Application for Federal Student Aid (FAFSA) due to a change in circumstances during the calendar year. Information obtained will be used to evaluate projected income in place of 2022 income from the FAFSA to determine if adjustments can be made that present a more accurate picture of your current family situation.

Only complete forms with appropriate documentation will be considered. Appeal process will take seven to ten days to complete. **You may be required to schedule an appointment with the Financial Aid Office at the Dowagiac Campus in order to have your appeal reviewed.** If you have any questions, or would like to make an appointment, call the Financial Aid Office at (269) 783-2143.

REASONS FOR THE APPEAL

Student Name _____ N Student Identification Number _____

Detailed Explanation for Appeal: _____

Please check all that apply:

Loss of Employment: Income listed on the FAFSA is no longer being earned
 Student Effective Date: _____ **Required Documentation:**
 Parent _____
 Spouse _____
 • Letter from previous employer verifying last day of employment and total gross earnings for 2024
 • Copy of last pay stub from current job (if applicable) verifying current pay rate and year to date earnings (Needed for both parents/spouse if married)
 • Verification of unemployment benefits (if applicable) verifying amounts earned in 2024 and benefits remaining
 • Other relevant documentation

 Loss of Other Income Effective Date: _____ **Required Documentation:**
 Student _____
 Parent _____
 Spouse _____
 • Statement of benefits ending (e.g. Social Security)
 • Receipt and/or bank account information verifying how one-time payment was used
 • Other relevant documentation

Type of Income Lost: _____
(pension, IRA, settlement, etc)

PROJECTED INCOME

In the spaces below, please provide year-to-date earnings for 2024 as provided on your accompanying documentation. Next, project your anticipated income through the end of 2024. Use your wage, unemployment documentation, etc. to estimate what wages and benefits will be received through the end of the year. Combine for total 2024 estimated income. If you are married you will include both your and your spouse's income in each of the fields.

Projected Income January 01, 2024 -- December 31, 2024	Actual Earnings 01/01/24—Today	Estimated Earnings Today—12/31/24	Total Estimated Earnings 01/01/24—12/31/24
Wages from Working			
Unemployment Income			
Social Security Income			
Child Support			
Other (List):			

CERTIFICATION STATEMENT: *I certify that all information submitted with this request is true and complete to the best of my knowledge. If asked, I agree to provide additional documentation to the Financial Aid Office at Southwestern Michigan College. I understand that if I knowingly make a false statement or misrepresentation, further financial aid may be denied and repayment of current financial aid may be required.*

Student Signature (Required)

Date

Spouse/Parent Signature (**Required** if they are the one with the loss of income)

Date

Do NOT WRITE IN THIS Box—FAA USE ONLY

2024 PROJECTIONS

ADJUSTED GROSS INCOME	\$ _____		
INCOME EARNED FROM WORK	\$ _____		
INCOME TAX PAID	\$ _____	TAX TABLE	AGI %
UNTAXED INCOME AMOUNTS	\$ _____		
OTHER	\$ _____		

I HAVE REVIEWED THIS FORM AND ALL SUBMITTED DOCUMENTATION AND HEREBY **APPROVE** **DENY** THIS REQUEST.

COMMENTS: _____

NEW EFC: _____

FAA SIGNATURE _____ DATE _____