Financial Aid Appeal:
Special Circumstance

Student ID

Name

SHEPHERD UNIVERSITY

This appeal is used to adjust the information reported on the 2026-2027 FAFSA due to a change in circumstances. Check the applicable reason(s) and provide the appropriate supporting documentation. Additional documentation may be requested. Incomplete appeals will be denied.

Change in Marital Status

Whose marital status has changed?

◯ **Student** ◯ **Parent**

What was the date of the marital status change? (month/year)

What is the new marital status? ◯ **Married** ◯ **Separated** ◯ **Divorced** ◯ **Widowed**

Required Documents:

- ☐ Marriage Certificate
- ☐ Social Security Card (if name changed)
- ☐ 2024 Tax Return - Applicant
- ☐ 2024 Tax Return - Spouse

Are you both residing at the same address? ◯ **Yes** ◯ **No**

Required Documents:

- ☐ Separation/Divorce Decree or Death Certificate
- ☐ 2024 Tax Return - Applicant
- ☐ 2024 W2s - Applicant *(ex-spouse's are also recommended)*

Change in Income

What are the circumstances?

◯ **Income Reduction** ◯ **Loss of Employment** ◯ **Loss of Benefit**

Required Documents:

Is this change reflected in the **2025** Tax Return?

◯ **Yes** ◯ **No**

- ☐ 2025 Tax Return - Student *(and Spouse, if married)*
- ☐ 2025 Tax Return - Parent(s) *(if dependent)*

Will this change be reflected in the **2026** Tax Return?

◯ **Yes** ◯ **No**

Did you or will you receive any of the following benefits?

☐ **Unemployment** ☐ **Pension** ☐ **Severance**

☐ **Disability (Short or Long Term)** ☐ **Social Security**

- ☐ **2026 Income Estimation Form**
- ☐ Letter of Resignation or Separation Notice
- ☐ Two most recent paystubs for all employed household members
- ☐ Proof of any benefit listed (monthly or annually)

Other

◯ **Medical expenses not covered by insurance**

- ☐ 12-month span of medical bills

◯ **Other household members in college with a direct expense not covered by financial aid**

- ☐ **2026-2027 College Expense Form**

My signature below certifies that the information provided within this appeal is true and correct to the best of my knowledge. I understand that if I purposely give false or misleading information, I may be fined, sentenced to jail, or both.

Student Signature _____ Date

Parent Signature (if dependent) _____ Date