



DEPENDENT STUDENT SPECIAL CIRCUMSTANCES APPEAL • 2010-2011

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This form is intended for students requesting a recalculation of financial need based on special or unusual circumstances. Your family's 2009 income (provided on your 2010-2011 FAFSA) is been used to determine your eligibility for federal financial aid. If your family's income in 2010 will be significantly lower than it was in 2009 due to special circumstances such as loss of a job, separation/divorce, death, disability, unusual medical expenses, or other circumstances, CWI may be able to use your estimated 2010 family income instead of your 2009 family income to determine your eligibility for financial aid.

This appeal is only appropriate if **ALL** of the following are true.

- Your 2010 Expected Family Contribution (EFC) from your 2010-2011 FAFSA is greater than zero.
- Your 2010 financial information will be significantly different than it was in 2009.
- Your 2010 financial information is different than the information you provided on your 2010-2011 FAFSA.
- You are able to document your situation as described below.

_____ LAST NAME	_____ FIRST NAME	_____ M.I.	_____ STUDENT ID -OR- SOCIAL SECURITY NUMBER
_____ () PHONE NUMBER		_____ DATE OF BIRTH	

STUDENT INFORMATION

REQUIRED DOCUMENTATION CHECKLIST: Please submit ALL documentation listed below to any of our One Stop Student Services locations.

1. [] A written/typed statement describing your circumstances in detail and why you feel an exception should be made.
2. [] Photocopies of your (and your parents') 2009 federal tax forms and W-2's.
3. [] The documentation required for your special circumstance (either category A, or B, or C on page 2 of this form).
4. [] If this appeal is filed PRIOR to January 1st, 2011, copies of your, and your parents' (if applicable), two most recent paystubs showing 2010 year-to-date earnings.

-OR-

- [] If this appeal is filed AFTER January 1st, 2011, copies of your, and your parents' (if applicable), 2010 Federal Tax forms and W-2's.

The appeal evaluation and decision will be based on the information you provide on this form as well as the information contained within your supporting documentation - **be sure it is complete, comprehensive, detailed, and legible.** Your appeal is complete only when you attach documentation that validates your special circumstances. No action will be taken until all of the documentation appropriate to your circumstance has been received.

If your appeal is approved, your FAFSA will be revised and your financial aid award adjusted accordingly. Please allow up to four weeks for processing. You will be notified of any changes to your financial aid award.

SIGN THIS WORKSHEET

I certify that all the information reported on this document is true and correct to the best of my knowledge. I understand that if I purposely give false or misleading information I may be subject to a fine, imprisonment, or both. I also authorize the College of Western Idaho to make any necessary electronic corrections to my FAFSA based on the information submitted.

_____ STUDENT SIGNATURE	_____ DATE	_____ PARENT SIGNATURE	_____ DATE
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YOUR SPECIAL CIRCUMSTANCES -

Please select the category from the following list that most closely describes your 2010-2011 special circumstances. Read the description carefully and attach all of the documentation requested under that category.

CATEGORY A – Loss or Reduction of Income or Benefits
(must have occurred at least 8 weeks prior to submitting this appeal)

___ You, ___ your parent(s), (check all that apply) had employment in 2009, but experienced a loss of job or reduction of income in the calendar year 2010. Date(s) change(s) occurred _____.

___ You, ___ your parent(s), (check all that apply) received unemployment compensation or other income /benefit in 2009 and have lost that income or benefit in the calendar year 2010. Date(s) change(s) occurred _____.

CATEGORY A REQUIRED DOCUMENTATION CHECKLIST:

1. Termination letter or loss of benefit notification showing employment start dates, end dates, or reductions in hours.
2. Eligibility documentation indicating dates and amounts of benefits including but not limited to unemployment benefits and/or severance pay.

CATEGORY B – Separation, Divorce, Death, or Disability
(must have occurred at least 8 weeks prior to submitting this appeal)

___ After filing your FAFSA, your parent(s) have ___ separated or ___ divorced (check all that apply).
 Date(s) change(s) occurred _____.

___ Loss of family income due to death or disability of a parent. Date(s) change(s) occurred _____.

CATEGORY B REQUIRED DOCUMENTATION CHECKLIST:

1. Divorce papers indicating the date of marital change, or written statement of separation.
2. For death or disability, please provide a copy of the death certificate, obituary, or physician's disability determination.

CATEGORY C – Excessive Medical or Dental Expenses

___ You, ___ your parent (check all that apply) have on-going medical/dental expenses in calendar year 2010 that are not covered by insurance.

___ You, ___ your parent (check all that apply) paid excessive medical and/or dental expenses in calendar year 2009.

CATEGORY C REQUIRED DOCUMENTATION CHECKLIST:

1. Copy of Schedule A from tax your federal tax forms (if applicable).
2. Copies of bills/EOB's (Explanation of Benefits) and an itemized list with a total of ALL medical and or dental expenses paid out of pocket.

DEPENDENT STUDENT & PARENT'S 2010 ANTICIPATED INCOME AND ASSETS

Your parent(s) are: ___married ___not married ___divorced ___separated ___widowed

List the people in your **parent(s)**' household, include:

- yourself and your parent(s) (including stepparent). List yourself even if you no longer live with them.
- your parent(s)' other children, even if they don't live with your parent(s), if
 - (a) your parents provide more than half of their support from July 1, 2010 through June 30, 2011 or
 - (b) the children would be required to provide parental information when applying for Federal Student Aid.

Write the names of all household members. Also, please list a college for any household member, **excluding your parent(s)**, who will be enrolled at least half-time (six credits minimum) in a college degree/certificate program for at least one full term/semester between July 1, 2010 and June 30, 2011. If you need more space, attach a separate page.

Full Name	Age	Relationship	College
		Self	College of Western Idaho

Please enter the total combined amounts ALL members of the family (both your parent(s) and yourself) listed above will receive in each category for January 1, 2010 through December 31, 2011. **Do not leave blanks – use zeros where appropriate.**

January 1 through December 31, 2010	Actual 1/1/2010 - Today	Estimated Today – 12/31/2010	Total Actual + Estimated
GROSS wages, salaries, tips (w-2 earnings)	\$	\$	\$
Interest and dividend income	\$	\$	\$
Alimony received	\$	\$	\$
Business and/or farm income	\$	\$	\$
Partnership and/or S-corporation income	\$	\$	\$
Capital gains	\$	\$	\$
Pensions and annuities	\$	\$	\$
Rents and royalties	\$	\$	\$
Unemployment benefits	\$	\$	\$
Other taxable income (source _____)	\$	\$	\$
Social Security benefits for ALL family members	\$	\$	\$
Child support received for all children	\$	\$	\$
Retirement and/or Disability benefits	\$	\$	\$
Welfare benefits, including TAFI/TANF (do NOT include food stamps)	\$	\$	\$
Untaxed portions of pensions and/or annuities	\$	\$	\$
Living and housing allowances for clergy, military, etc.	\$	\$	\$
Veteran's non-educational benefits	\$	\$	\$
Deductible IRA/Keogh payments	\$	\$	\$
Other untaxed income (source _____)	\$	\$	\$
Veterans benefits \$ _____ per month, multiplied by _____ months	\$	\$	\$
TOTAL ANTICIPATED INCOME =	\$	\$	\$