

Student Name: _____

Banner ID# 800 _____

2024/25 – D01



Financial Aid

SUNY BROCKPORT

Special Circumstance Appeal Form 2024-2025

This form is used to request a reconsideration of your 2024-2025 financial aid award. Applications are considered incomplete without all of the required documentation. **All special circumstance appeals are required to have a detailed letter of explanation in addition to the supporting documentation.** If you have been selected for Federal Verification, your appeal cannot be processed for changes until verification is complete.

Reasons for review of circumstances: (check only the box that applies)

Change in Financial Circumstances	Documentation Required
____ Significant/unexpected reduction in income (student and/or parent) (for example, loss of job, child support reduction)	<ul style="list-style-type: none">• Signed detailed statement describing loss or reduction of income, include dates and all sources of income• Copy of applicable tax return transcripts and/or W-2's• Employer letter on letterhead reflecting last date of employment or DD-214 (Member-4)• Proof of Unemployment benefits if applicable• Most recent paystub(s) that show year-to-date earnings• Notice of reduction/loss or court order of child support (include totals received)
____ Change in marital status after FAFSA filing (student and/or parent) (for example, divorced, widowed or death of parent/spouse)	<ul style="list-style-type: none">• Copy of divorce decree/separation papers (if available) or copy of death certificate• Copies of final pay stub(s)• Documentation of any death benefits received (ex. Life insurance, social security, pension ect.)
____ Out of pocket medical and/or dental expenses that exceed 11% of household AGI	<ul style="list-style-type: none">• Provide bills/receipts and an itemized list with a total of all medical and/or dental expenses
____ Other (ie; one time taxable IRA or pension distribution, private educational expenses, parent in college, or other education related expenses)	<ul style="list-style-type: none">• IRS 1099-R (if applicable)• Receipts indicating private tuition or eligible educational expenses paid

Certification Statement: I (we) certify that all of the information provided is correct. I (we) understand that additional information may be corrected. I (we) understand that the appeal decision made by SUNY Brockport's financial aid office is final and cannot be appealed.

STUDENT SIGNATURE: _____ **DATE :** _____

PARENT SIGNATURE (IF DEPENDENT STUDENT) : _____ **DATE :** _____