



Special Circumstance Appeal 2024-2025

Name _____ Student ID# _____
Phone number _____
Address _____
Email address _____

Students have the option to file a Special Circumstance Appeal when his or her financial situation has significantly changed and 2021 tax information as reported on the 2024-2025 Free Application for Federal Student Aid (FAFSA) does not accurately reflect the current financial condition. Submission of the Special Circumstances Appeal Request does not guarantee approval. All documentation will be reviewed and incomplete applications will be tabled until all requested information is provided. Please allow at least 4-6 weeks to process information received.

Required Documentation for All Appeals

- A completed 2024-2025 Free Application for Federal Student Aid (FAFSA).
- A signed letter clearly explaining the special circumstance.
- A signed copy of the student's and parent's (or your spouse's, if married) 2022 and 2023 federal tax return (with all schedules) and W-2's.

Appeal Conditions (check all that apply)

- Economic hardship as a result of COVID-19.
- Involuntary Loss or significant reduction of income
 - Termination/severance letter
 - Final earnings statement from employer
 - Unemployment documentation (including the Maximum Benefits Available)
 - Copies of current paycheck if you are currently employed, noting the length of the pay period
- Death of a parent/spouse
 - Copy of the death certificate
- Disability of parent/spouse
 - Statement from physician outlining the disability and probability of returning to work, including an estimated date of return, if applicable.
 - If the disability is work-related, provide documentation from employer on the availability and amount of worker's compensation benefits and/or short-term or long-term disability benefits.
- Divorce or separation after the FAFSA was filed.
 - Copy of final divorce decree
- Other

Enter all anticipated earnings from 1/1/24 to 12/31/24	Student	Spouse	Parent 1	Parent 2
Wages/salary				
Unemployment Compensation				
Social Security Benefits				
Supplemental Security Income				
Child Support received				
Worker's Compensation				
Short-term or Long-term Disability Benefits				
Severance Pay				
Withdrawal from retirement account				
Other Income (pension, annuity, rental income, housing allowance, bonuses, etc.)				

Certification and Signatures

This appeal must be signed by the student and at least one parent whose information is reported on the 2024-2025 FAFSA.

- I/We certify that all of the information provided is true and complete to the best of our knowledge.
- I/We understand that failure to provide any documentation as requested will result in a denial of this application.
- I/We understand that any misrepresentation of the facts in connection with this appeal may be a significant cause, in and of itself, for cancelation or repayment of financial aid, whenever discovered.

Student _____ Parent _____

Date _____ Date _____

PLEASE RETURN THIS COMPLETED AND SIGNED FORM TO:
 University of South Dakota • Financial Aid Office • 414 E Clark Street • Vermillion, SD 57069
 Phone: 605-658-6250 • E-mail: financial.aid@usd.edu