



# 2022-23 SPECIAL CONSIDERATION APPEAL FORM

Financial Aid Office - [FinAid@RhodesState.edu](mailto:FinAid@RhodesState.edu)

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\_\_\_\_\_  
Student's Full Name

\_\_\_\_\_  
Student ID (R#)

\_\_\_\_\_  
Permanent Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

**You must have a 2022-2023 Free Application for Federal Student Aid (FAFSA) on file at Rhodes State College to appeal your FAFSA information.**

**Please follow each step below.** All requested documentation must be received, along with this signed form, before a review will occur.

**STEP 1 - Check the reason(s) you are requesting to appeal your FAFSA information.** Be sure to include all documents requested.

**Loss of income from work.** (Layoff, termination, or reduction of hours):

- Documentation from former employer confirming loss of income and date of separation.
- Copy of last three months of pay stubs or W-2 from previous job, showing year-to-date earnings.
- Copy of most recent pay stubs from current job for the last three months (if applicable).

**Divorce/Separation (after completion of the FAFSA):**

- Documentation showing date of divorce or separation
- Legal divorce papers (can be a draft, if not finalized).
- Proof of separate residences if separated (utility bills, rental agreements, etc.).
- Monthly child support you will receive in 2021-22.
- Assets you will receive in 2021-22 based upon divorce decree.

**Loss of Unemployment Benefits:**

- Letter from unemployment office stating start/end dates and benefit amounts.

**Loss of Social Security Benefits:**

- Letter from the Social Security Administration stating start/end dates and benefit amount.

**Loss of Child Support:**

- A letter or court document stating the start/end dates and amount.

**Loss of Workers Compensation Benefits:**

- Letter from Bureau of Workers Compensation stating start/end dates and benefit amount.

**Medical and/or Dental Expenses:** (Exceeding 10% of your household income).

- Attach verification of amount paid that was not covered by insurance.

**Death of Parent or Spouse:**

- Copy of death certificate or obituary.

**Other:** Attach a detailed letter and supporting documentation to support the circumstance.

**STEP 2 - SUBMIT a typed, signed letter.** The letter must explain your situation, in detail, and the date your income was reduced. Include your name and student ID number (R#) in the signature line.

**STEP 3 - ATTACH all verification documents.** These include the following:

- A Dependent or Independent Verification Worksheet and all required documents requested by that worksheet
- 2020 IRS Tax Return Transcripts and copies of all 2020 W-2's. (Dependent students will need an IRS Tax Return Transcript for their parent. Married students: if taxes were not filed jointly, please submit both your and your spouse's IRS Tax Return Transcripts.)

**STEP 4 - SIGN** (if a dependent student, the student and one parent must sign below) **Your signature on this document confirms your acknowledgement of the following:**

- The information submitted for review is true and correct to the best of your knowledge.
- You have read each section and have provided the required documentation needed.
- Changes resulting from this review do not guarantee an increase in aid.
- Additional documentation may be requested upon request of the processor.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature  
(if dependent)

\_\_\_\_\_  
Date

