



**Special Circumstances Appeal Form
2024 – 2025**

Student Name: _____
Last First M.I.

Dear Student:

The primary responsibility for financing your education rests with you and your family. Student contributions (and parent contributions when applicable) make up the Student Aid Index or SAI. This amount is calculated using a congressionally mandated needs-analysis formula. The St. Lawrence University Financial Aid Office recognizes that this formula may not always accurately reflect special circumstances for individual students and/or families.

If your situation has changed significantly from the information you provided on the 2024– 2025 Free Application for Federal Student Aid (FAFSA), you may submit a completed Special Circumstances Appeal Form with the required documentation.

Once a completed request is reviewed, it may result in a reduction in the base year income and/or assets, the use of projected income for the current calendar year, or an increase in Cost of Attendance (COA) for the current academic year. In some cases, an adjustment may not increase the student’s eligibility for gift aid (grants and scholarships that do not need to be repaid). In fact, the adjustment may only increase the student’s or parent’s eligibility for loans, change non-need-based loans to need-based loans, or may not result in any increased aid.

If you wish to proceed with this Special Circumstances Appeal Form, please check and complete all applicable sections on pages 2, 3, and 4, sign, attach all required documentation, and return to the Financial Aid Office at St. Lawrence University.

St. Lawrence University – Financial Aid Office
23 Romoda Drive, Canton, New York 13617
Phone: (315) 229-5265 or (800) 355-0863 - Fax: (315) 229-7418 - Email: finaid@stlawu.edu

1. Reduction of income due to loss of Child Support, Alimony, and/or Social Security Benefits.

Name of Recipient(s)	Type of Income Reduction	Amount Received in 2022	Amount Received in 2023	Anticipated Amount for 2024	Type (s) of Documentation Attached*
Total	XXXXXXXXXX	\$	\$	\$	XXXXXXXXXXXXXXXXXXXX

*Must include one or more of the following: Social Security Statements verifying change/termination of benefits; court records; divorce/separation agreements & updates; other legal documentation and a letter of explanation

2. Loss or reduction of household income due to death, permanent disability, and/or separation/divorce (for independent students or parents of dependent students).

Name of Person Involved	Relationship to Student	Reason	Date

Complete for the above individual(s)

Type of income	2022 (Both Spouses)	2023 Surviving or custodial spouse only	2024 Anticipated Surviving or custodial spouse only
Wages, salary, tips (including severance pay, disability payments, etc.)	\$	\$	\$
Untaxed social security benefits	\$	\$	\$
Child Support	\$	\$	\$
Other Income: (Specify)	\$	\$	\$
Total Income for the Year:	\$	\$	\$

Required Documentation for all above situations:

- Documentation of year-to-date earnings for 2023 or 2024.

For death of parent or spouse:

- Copy of Death Certificate
- Expected Life insurance or death benefits to be paid in 2023 or 2024.

For permanent Disability:

- Documentation of disability and resulting permanent inability to work from attending physician

For separation or divorce of student or of parent of dependent student:

- Copy of separation/divorce agreement or signed statement

3. Reduction of income in current year due to one time income in prior year (example: moving allowance, back year social security payments, IRA/pension distribution, sale of primary residence, etc.)

Type of Income	Amount received in 2022	Amount received in 2023	Anticipated 2024 Amount
	\$	\$	\$
	\$	\$	\$

Required Documentation:

- Documentation of type, date, and verification of one time nature of income involved
- Signed, dated letter/statement of explanation

4. Unusual medical and dental expenses paid in _____ (year) and not subject to reimbursement by insurance (for any member of the student's household).

_____ (year) AGI: \$	X 5% = \$	XXXXXXXXXXXXXXXXXX
Health insurance premiums paid		\$
Medical expenses paid (not cover by insurance)		\$
Pharmaceutical expenses paid (not cover by insurance)		\$
Dental expenses paid (not cover by insurance)		\$
Total medical expenses paid (proceed with this Appeal request if this total exceeds 5% of AGI above)		\$

Required Documentation:

- Itemized statement of all bills or photocopy of records from doctors, dentists, hospitals, insurance carrier, pharmacy, etc.
- Documentation that these costs have not been and will not be covered by insurance.
- Signed, dated letter explaining the situation

5. Reduction of earned income of $\geq 20\%$ of 2023 earnings of independent student/spouse or parent of dependent student.

Name of person(s) involved	Relationship to student	Reason for income reduction	Date of income change	Total income from 2023*	Anticipated income for 2024*
1.				\$	\$
2.				\$	\$

* Totals from worksheets below:

Income Calculation Worksheets

2023 Total Income (Taxed and Untaxed)	Person 1	Person 2		2024 Anticipated income (Taxed and Untaxed)	Person 1	Person 2
Wages, salaries, tips (inc. unemployment comp., severance, disability):	\$	\$		Wages, salaries, tips (inc. unemployment comp., severance, disability):	\$	\$
Other taxable income: (specify)	\$	\$		Other taxable income: (specify)	\$	\$
Retirement:	\$	\$		Retirement:	\$	\$
Untaxed Social Security Benefits	\$	\$		Untaxed Social Security Benefits	\$	\$
Child support for all children	\$	\$		Child support for all children	\$	\$
Other untaxed income:**	\$	\$		Other untaxed income:**	\$	\$
Total 2023 income:	\$	\$		Proj 2024 income:	\$	\$

** Other untaxed income includes: payments to tax deferred pension and saving plans (e.g., 401k, 403b, etc.), worker's compensation, veteran's non-educational benefits, housing, food and other living allowances paid to members of clergy and military, and money given or bills paid on your behalf not reported above.

Required Documentation:

- Documentation of projected 2024 income: pay stubs, statement from employer reflecting projected 2024 income, signed statement from involved person(s) certifying other anticipated 2024 income otherwise not documented and the intent to not earn in excess of that amount.
- Signed, dated letter explaining the situation.

6. Expenses required for a Special Needs child or Dependent Adult (e.g., special services, equipment etc.) not covered by other sources, or expenses incurred by parent in college.

Name of family member	Age	Relationship to student	Total expenses in 2023	Anticipated expenses in 2024	Enrollment Status (Full, half, or part-time)
			\$	\$	
			\$	\$	

Required Documentation:

Signed statement including:

- Explanation of nature of need and types of services, etc.
- List of expenses included in the total above
- For Parent in college: Statement from employer that this is a required expense

7. Family hardship due to natural disaster (including fire, hurricane, tornado, flood, etc.). Also complete section 5 if Reduction of Earned Income, if applicable.

Required Documentation:

- Signed statement explaining type and date(s) of disaster, financial impact on your family (including a total dollar loss) and certifying that the amount of loss indicated has not been and will not be covered by insurance, FEMA, or any other source

Certification

I certify that I have read all enclosed information and understand the following:

1. All documentation has been provided. The Special Circumstances Appeal will not be reviewed if incomplete.
2. The St. Lawrence University Financial Aid Office will review this appeal. I will contact the office if I have any questions or concerns while the appeal is pending.
3. I will receive acknowledgement of a decision either by phone or email, and/or in the form of a new Award Notification.

I certify that the information provided on this form and accompanying documentation is true and correct to the best of my knowledge and belief. I agree, if requested, to provide documentation to support the information provided with this request after the current calendar year. I understand that underestimating projected income could result in reduced eligibility, repayment of aid, or both, in the current or next academic year.

Student's Signature

Date

Parent 1 (if applicable)

Date

Parent 2 (if applicable)

Date

Special Circumstance Appeal Checklist

- All applicable sections on pages 1 – 4 are complete
- Certification signed above
- All documentation enclosed
- Photocopy and retain a copy of this form and all documentation for your records