

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Student Number \_\_\_\_\_

### 2025-2026 Special Circumstance Appeal - Dependent Student

If your financial situation has changed from what was reported on the 2025-2026 Free Application for Federal Student Aid (FAFSA), use this appeal form to request an evaluation of the financial aid eligibility. **Complete this application only if you have already submitted the 2025-2026 FAFSA.** Submission of this application does not guarantee an adjustment to the financial aid award. After the appeal is submitted to the UNI Office of Financial Aid and Scholarships, we will do an initial preliminary review of the appeal and supporting documentation received. If continuation of the appeal is needed, you will be required to submit financial aid verification documents. An email will be sent regarding the documentation needed and encouraging students to view their To Do List for the verification documents requested.

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Student Phone \_\_\_\_\_ Student Email \_\_\_\_\_

Parent Phone \_\_\_\_\_ Parent Email \_\_\_\_\_

### Before this appeal form will be reviewed you must complete the following:

1. Attach a letter explaining the change in your financial circumstances.
2. Complete all pages of the Special Circumstance Appeal form that are applicable to your situation. If a section does not apply to you, leave it blank.
3. Attach documentation that supports your special circumstance.

### Special Circumstances and Documentation Required:

#### A. Loss of Job/Reduction in Income (View and complete chart on page 2)

- Provide a letter from your employer regarding the date of the loss of job or change in job status
- Provide documentation of unemployment benefits detailing the amount received
- Attach copies of your three most recent pay stubs for each parent experiencing a reduction of income
- Provide documentation of any other income you will receive in 2025

#### B. Loss of Benefits (View and complete chart on page 2)

- Unemployment: Attach a copy of notification of loss of unemployment benefits stating benefit ending date and monthly amount received before loss
- Child Support: Attach a copy of documentation stating child support ending date and original monthly benefit amount

#### C. Medical/Dental Expenses (Paid in 2024)

- Attach a statement from the health care provider that documents the condition(s)
- Attach copies of medical/dental receipts or statement of payment showing **paid out of pocket** expenses in 2024

