

Phone: (307) 766-2116 Fax: (307) 766-3800 TTY: (307) 766-3635 www.uwyo.edu/sfa finaid@uwyo.edu

# **Special Circumstance Appeal 2024-25**

St	rudent Name: W#:
E	mail:
>	Special circumstance evaluations are made on a case by case basis and do not guarantee eligibility for aid.
>	Only undergraduate students should complete this form. Change in circumstances for graduate students would not result in any changes to your financial aid offer.
>	Only one appeal will be accepted per academic year. In some cases, a subsequent request may be considered.
>	Processing during peak times may take 4-6 weeks however we aim to process completed appeals in 15 business days.
	If you have questions, please reach out to <u>finaidappeal@uwyo.edu</u> or call 307-766-2116.
to wi	tach a letter of explanation that details the unusual or special circumstance that you were unable address on your FAFSA. Please be as descriptive as possible. Letters must be signed and dated that wet signature, not typed. Requests will not be considered without a written statement.  Written statement attached.
Se	ection B: Documentation Required for Special Circumstance
Ple	ease check all that apply to your circumstances that you would like to be considered for you appeal. Equired documentation listed must be submitted before appeals can be processed.
	Significant loss of income due to job loss or change in employment
If :	loss of income occurred during 2024, please fill out the Income Projection Review.
	Effective date of unemployment/change in income:
	Required Documentation;

- ➤ Copy of parent's 2023 federal tax return signed and dated; all applicable schedules
- > Copy of parent's 2023 W2(s)
- Copy of parent's most recent paystubs(s) showing year-to-date earnings
- > Separation/termination letter from parent's employer if applicable
- > Copy of parent's severance benefits if applicable
- > Copy of parent's unemployment benefits if applicable



of explanation\*

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☐ <u>Divorce or Separation</u>
Effective date of divorce/separation:
Custodial Parent:
Required Documentation;  Divorce agreement/letter from attorney validating legal proceedings have begun  Copy of parent's 2023 federal tax return signed and dated; all applicable schedules  Copy of parent's 2023 W2(s)  If separated, documentation showing parents maintain two separate households.
☐ <u>Death of Parent</u> If death occurred during 2024, please fill out the Income Projection Review.
Date of death:
Required Documentation;  Copy of parent's 2023 federal tax return signed and dated; all applicable schedules  Copy of parent's 2023 W2(s)  Copy of death certificate or obituary
☐ One-time/Non-Recurring Income
<ul> <li>Required Documentation;</li> <li>Copy of parent's 2023 federal tax return signed and dated; all applicable schedules</li> <li>Copy of parent's 2023 W2(s)</li> <li>Documentation of the IRA distribution, sale of property, inheritance, etc.</li> <li>Detailed explanation that includes how the one-time income was used.</li> </ul>

\*Additional documentation may be requested after submission dependent on information shared in letter



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## **Income Projection Review**

In cases where the loss of income has occurred recently and neither your 2022/2023 tax return reflects the changes in income, we ask that the table below is filled out to provide a reasonable income projection. The list of required documentation above is still required to be provided; this table is not meant to replace required documentation. Projected income will be compared to the required documentation.

#### Completed Income Projection Review

Income Type-List estimated total		
year earnings from 01/01/23-	Parent 1	Parent 2
12/31/23		
Actual Earned Income from Work		
(i.e. wages, salaries and tips)		
01/01/2024-present	\$	\$
Estimated Earned Income (what you anticipate earning) from		
current date- 12/31/2024	\$	\$
Total Earned Income for 2024	\$	\$
Unemployment Benefits	\$	\$
Other taxable income (severance		
pay, alimony, capital gains, etc.).	\$	\$
List source of income:		
Child Support received	\$	\$

# ☐ Significant Medical/Dental/Family Care Expenses

Medical expenses must exceed the income protection allowance of 11% of the household's adjusted gross income before it can be used to appeal. You may only include medical expenses not covered by insurance and only if the expenses occurred during the current academic year.

#### Required Documentation;

- > Copy of parent's 2023 federal tax return signed and dated; all applicable schedules
- ➤ Copy of parent's 2023 1040 schedule A if they have itemized from the tax year the medical expenses occurred
- > Copy of parent's 2023 W2(s)
- ➤ Complete the medical expense review below



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Medical	l Expense	Review
MICUICA		

	Medical Expenses Paid in 20	(year):	
Plea	ase do not combine expenses from	multiple ye	ars

Please use N/A where information is unknown

Date Service was Received	Name of Medical Provider (doctor, dentist, hospital, pharmacy, health insurance premiums, etc.)	Total Cost of Service	Amount Not Covered by Insurance	Amount Paid	Date of Payment	Reoccurring Expense? Y/N	Supporting Documents Attached? Y/N
Total:							

<sup>\*</sup>If this chart does not provide enough space to document your expenses please email <a href="mailto:finaidappeal@uwyo.edu">finaidappeal@uwyo.edu</a> to receive a larger Medical Expense Review Form\*



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# **☐** Other Circumstances Not Listed

Required Documentation;

- ➤ Copy of parent's 2023 federal tax return signed and dated; all applicable schedules
- ➤ Copy of parent's 2023 W2(s)
- ➤ Any other pertinent supporting documentation

\*Additional documentation may be requested after submission dependent on information shared in letter of explanation\*

#### **Section C: Student/Parent Certification**

I certify that, as of the date this application is signed, the information included herein is true and accurate to the best of my/our knowledge and is not falsely represented. I understand the submission of an appeal does not release the student of paying the University of Wyoming bill by the published due dates. I understand there is no guarantee that an appeal will result in additional funding. I understand that any revisions based on this appeal does not guarantee the same adjustments will be made in future semesters and/or academic years.

### Typed signatures are NOT acceptable.

Student Signature	Date
Parent Signature	Date

	For Office Use Only:	
Special Circumstance Approved Y/N:	New EFC:	Processed By:
Comments:		Date:
		_
		-