



2026-27 Special Circumstances Appeal

Your eligibility for financial aid was initially calculated based on the information you provided on the Free Application for Federal Student Aid (FAFSA) form. Using this information all families undergo a consistent evaluation of the family's ability to pay for college. The formula assumes that 2024 income is a good indicator of the family's financial strength during the student's 2026-27 enrollment. The Office of Student Financial Services recognizes that families experience changes in income or other family circumstances that are not reflected in the 2024 tax return information. Therefore, it is possible for students to appeal their financial aid eligibility if they have special financial circumstances by completing this form. Submitting this form does not guarantee an adjustment or increase in your financial aid. Additional documentation may be requested after the initial review. Your request will be reviewed within 14 days once all required documentation is received, and you will be notified via email once your appeal has been reviewed.

Note: Please do not disregard your Marietta College bill due date while waiting for the appeal decision.

Examples of Special Circumstances considered:

- Reduction of income or benefits, or changes in employment status
- Extraordinary medical or dental expenses not covered by insurance
- Death of a parent or spouse whose information is on the FAFSA form
- Divorce or separation after filing the 2026-27 FAFSA form
- Retirement of a contributor on the student's FAFSA Form
- One-time distribution reported as income
- Loss of benefits
- Disability of student or contributor

Examples of Special Circumstances not considered:

- Home repairs
- Credit card debt
- Mortgage payments
- Weddings and other major purchases
- Car payments
- Previous educational loan debt

STUDENT INFORMATION — Please type or print clearly

Last Name

First Name

Student ID

Email Address

Telephone Number

Types of Appeals and Supporting Documentation

Carefully read and select the categories from the following list that most closely describe your special circumstance(s) and provide supporting documents. For all appeals, 2024 Federal Tax Return Transcripts are required.

In addition to your supporting documentation, please attach a **personal statement** explaining your family's circumstances in more detail.

Appeal Type	Examples of Supporting Documentation
<input type="checkbox"/> Change in Employment, or Loss of Income of Student and/or Contributor on FAFSA Form	<ul style="list-style-type: none"> Letter from employer documenting employment status (e.g. full-time to part-time, or termination) Last pay statement from affected individual Unemployment Compensation statements Severance pay statements Recent pay statements from spouse (if applicable)
<input type="checkbox"/> Extraordinary Medical or Dental Expenses	<ul style="list-style-type: none"> Schedule A – Itemized Deductions Receipts for medical payments Documentation of costs both covered and not covered by insurance
<input type="checkbox"/> Death of Immediate Family Member Listed on the FAFSA Form	<ul style="list-style-type: none"> Copy of Death Certificate/Obituary Social Security or insurance benefits Copies of 2024 W-2s
<input type="checkbox"/> Divorce or Separation after Filing the FAFSA Form	<ul style="list-style-type: none"> Divorce: Court documents/Divorce Decree Divorce: Alimony documentation and payments made Separation: Separation Agreement Separation: Documentation for <u>both parents'</u> living expenses at different addresses <ul style="list-style-type: none"> Ex. Utility bills, lease, mortgage Copies of 2024 W-2s
<input type="checkbox"/> Retirement of Contributor on the Student's FAFSA Form	<ul style="list-style-type: none"> Statement documenting retirement benefits Social Security Benefits Last Pay Statement from affected individual Recent Pay Statements from Spouse (if applicable)
<input type="checkbox"/> One-Time Distribution Reported as Income/Non-Recurring Income	<ul style="list-style-type: none"> Tax forms such as Schedule D, Schedule 1, and/or Form 3903 Documentation of the one-time payment with amount indicated Explanation of how benefit/payment was used, and how much of payment is remaining
<input type="checkbox"/> Loss of Benefits	<ul style="list-style-type: none"> Documentation of termination of benefits and amount received (Unemployment, Child Support, Worker's Compensation, alimony)
<input type="checkbox"/> Disability of Student or Immediate Family Member on the FAFSA Form	<ul style="list-style-type: none"> Disability Benefits/Social Security Benefits Last pay statement from affected individual Recent pay statements from spouse (if applicable)

Income Information

The following section requires you to provide your actual and expected 2026 income. Do not put hourly wage. Instead, please calculate the full amount you have or will receive.

	Student	Student's Spouse	Parent	Parent's Spouse
Earned Income from Work				
Expected Income from Work				
Severance Pay				
Unemployment Benefits				
Work's Compensation				
Alimony Received				
Child Support Received				
Pension Distributions				
Business Income				
Early Withdrawal of Retirement				
Other Income				
Total 2026 Income				

Please submit this form and all supporting documents to the Office of Student Financial Services via mail or e-mail **no later than 30 days before the close of the semester**. Your appeal will be reviewed within 14 days once all required documentation has been received. Additional documentation may be requested upon initial review. The student will be notified of the appeal decision via e-mail once complete.

If any information or documents are missing or incomplete, your appeal can not be processed.

Marietta College
ATTN: Student Financial Services
215 Fifth St
Marietta, OH 45750
finaid@marietta.edu

CERTIFICATION

I certify that the information submitted for this appeal is true and complete to the best of my knowledge. I agree to provide all supporting documentation required. I understand that failure to comply may result in the cancellation of this appeal. I further understand that if I have provided information in previous appeals, this may be reviewed for accuracy and it may impact the outcome of this and or any future appeal. It is the family's responsibility to notify our office if any of the above information should change.

Student Signature

Date

Parent Signature (Required for Dependent Students)

Date