

Office of Financial Aid

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2023-2024 Special Circumstances Appeal

Student Name:		MHCC ID Number:	
des		a review of your financial aid eligibility due to changes in your circumstances as a are requesting an adjustment due to changes in employment or unemployment ployment Appeal form.	
On • •		3-24 FAFSA I any additional information requested by the Office of Financial Aid eal for the 2023-24 year. **Only one appeal may be submitted per award year**	
rev a Fi	IPORTANT: Complete all sections of viewed. Submission of this appeal does in ancial Aid Advisor will notify you of	f this appeal and attach required documentation. Incomplete appeals will not be not ensure a change or increase to your award. Appeals are reviewed regularly and the result. Please allow up to four weeks for review and processing of this appeal, ditional information requests or needed documents.	
A.	INDIVIDUAL REQUESTING APP ☐ Parent Special Circumstance	PEAL (check one) Student/Spouse Special Circumstance	
В.		IRED DOCUMENTATION (Check all that apply)	
	☐ A typed or handwritten letter of	f explanation (signed and dated) is required for every appeal category.	
	not or will not receive that incom	youse, or parent(s) received a one-time income (other than wages) in 2021 and did the in calendar year 2022 or 2023 (e.g. 401k rollover, inheritance or gift, etc.). It funding rollovers (if applicable) The entation:	
	2021 and had a loss or reduction disability, etc.).	You, your spouse, or parent(s) received income (other than wages) or benefits in of that income/benefit in calendar year 2022 or 2023 (e.g. child support, agency indicating date of termination and a summary of benefits received entation:	
	or divorced, OR a spouse or pare ☐ ALL Categories: Provide cop ☐ Marriage: Provide copy of r ☐ Legal Divorce/Separation: Provide Non-legal Separation:	pies of 2021 tax return(s) and W-2(s) for both parties on tax return	
	Unusual Debt or Expenses: You year 2022 and/or 2023 that has a	a, your spouse, or your parent(s) incurred unusual debt or expenses in calendar created financial hardship (e.g. medical, dental, legal, dependent care, etc.) ation to verify incurred expense or debt (e.g. bills, receipts, insurance or legal	
	☐ Other: You, your spouse, or you would like to have reviewed by th☐ Any other applicable and su		

I certify that all information reported in this appeal and according the best of my knowledge and ability. I understand that any fareduction and/or repayment of federal, state or institutional documentation of the information provided, if requested by the	alse statement or misrepresentation may be cause for al financial aid. I also agree to provide additional
Student Signature	Date