

Office of Financial Aid

26000 SE Stark St, Gresham OR 97030

FinAid.Mail@mhcc.edu Phone: 503.491.7262

Fax: 503.491.7379

2024-2025 Special Circumstances Appeal

Student Name:	MHCC ID Number:
	a review of your financial aid eligibility due to changes in your circumstances as ou are requesting an adjustment due to changes in employment or unemployment nployment Appeal form.
	4-25 FAFSA ed any additional information requested by the Office of Financial Aid peal for the 2024-25 year. **Only one appeal may be submitted per award year**
reviewed. Submission of this appeal does a Financial Aid Adviser will notify you o	of this appeal and attach required documentation. Incomplete appeals will not be a not ensure a change or increase to your award. Appeals are reviewed regularly and of the result. Please allow up to four weeks for review and processing of this appeal, additional information requests or needed documents.
A. INDIVIDUAL REQUESTING AP ☐ Parent Special Circumstance	PEAL (check one) Student/Spouse Special Circumstance
 B. APPEAL CATEGORIES & REQUIRED DOCUMENTATION (Check all that apply) □ A signed typed or handwritten letter of explanation (required for all) □ Copy of Federal Tax Return Transcript from the IRS or signed Tax Return for 2022 (required for all) 	
One-Time Income or Loss/Rec (other than wages) or benefits in 2024 (e.g. 401k rollover, inherit Documentation of retirement	duction of Benefits: You, your spouse, or parent(s) received a one-time income in 2022 and had a loss or reduction of that income/benefit in calendar year 2023 or tance or gift, child support, disability, etc.). In the funding rollovers (if applicable) it agency indicating date of termination and a summary of benefits received
or divorced, OR a spouse or par ☐ ALL Categories: Provide co ☐ Marriage: Provide copy of ☐ Legal Divorce/Separation: ☐ Non-legal Separation: Prov	ppies of 2022 tax return(s) and W-2(s) for both parties on tax return marriage certificate Provide copy of legal divorce decree or separation documents ride proof of separate residences (i.e. bills, rental agreements, IDs, etc.) th certificate, obituary, or funeral program; include explanation of student's
year 2023 and/or 2024 that has	ou, your spouse, or your parent(s) incurred unusual debt or expenses in calendar created financial hardship (e.g. medical, dental, legal, dependent care, etc.) tation to verify incurred expense or debt (e.g. bills, receipts, insurance, etc.)
Other: You, your spouse, or you Any other applicable docum	ur parent(s) has a situation not described in one of the above categories. nentation:
the best of my knowledge and ability. reduction and/or repayment of feder	in this appeal and accompanying documentation is complete and accurate to I understand that any false statement or misrepresentation may be cause for ral, state or institutional financial aid. I also agree to provide additional yided, if requested by the Office of Financial Aid.
Student Signature	Date