Dependent Student Special Conditions Appeal Form: Loss of Employment

Student's Name: _____

Student's ID #:

Financial Aid Office Use Only

Date_____

Approved _____ Denied _____

Signatures _____

_____ _____

_____ _____

Appeal Deadline

Complete appeals for the 2021-2022 academic year must be received by May 1, 2022.

If your family has experienced significant changes in income that occurred **on or after 01/01/2021** and which merit recalculating your financial aid eligibility based on your projected annual 2021 income, rather than the federally required 2019 income, please complete this form. You must be able to document that the reduction of income has occurred for a period of *at least ten weeks prior* to submitting the appeal

Before your appeal can be considered, your 2021-2022 Free Application for Federal Student Aid (FAFSA) must be completed and all required documents must be submitted. UMGC is held accountable for all decisions made and must be able to fully document why a decision was made to adjust a student's FAFSA. **If an appeal is incomplete it will not be reviewed**.

*Submission of an appeal **does not guarantee** approval of an appeal. Additionally, approval of an appeal does not guarantee receipt of additional aid. You are responsible for all outstanding charges with UMGC.*

Required Documents: If a document listed below is not applicable to your situation, please submit a signed statement indicating why you do not have the document.

1. Completed appeal form – both pages
2. A typed statement that explains your circumstances in detail – must be signed by hand and dated
3. 2019 Tax Return Transcript for student
   2019 Tax Return Transcript(s) for parent(s)
4. 2019 Wage and Income Transcript for student
   2019 Wage and Income Transcript(s) for parent(s)
5. The final / most recent 2021 pay-stubs for all members of the household
6. Termination notice(s) from employer(s) or letter(s) of resignation
7. Benefit statement(s) from Unemployment Administration showing monthly benefits or denial thereof

INSTRUCTIONS: Please provide all information requested in the following sections. If any are left incomplete, your appeal will not be reviewed.

Part 1: List all asset information as of the date you initially filed your 2021-2022 FAFSA:

Student total cash, savings, and checking account balance(s): $_____

Parent total cash, savings, and checking account balance(s): $_____

Part 2: List all projected annual income and benefits from January 1, 2021 to December 31, 2021.

SOURCE OF INCOME (projected until end of the year)	PARENT 1	PARENT 2	STUDENT
Wages, salaries, tips (including severance pay)	$	$	$
Pensions and Annuities	$	$	$
Interest and /or Dividend Income	$	$	$
Business/farm Income	$	$	$
Unemployment Compensation	$	$	$
Alimony	$	$	$
Social Security/SSI Benefits	$	$	$
Workers Compensation	$	$	$
Disability Benefits	$	$	$
Retirement Benefits	$	$	$
Child Support	$	$	$
Welfare Benefits/ TANF	$	$	$
Other Untaxed Income	$	$	$
TOTAL INCOME	$	$	$

Part 3: Please complete the chart on the next page by listing all people in your parent(s)' household. Include the name of the college for any household member who will be enrolled at least half-time in a degree or certificate program at a postsecondary educational institution any time between July 1, 2021 and June 30, 2022. If additional space is needed, use an extra page. The definition of "household" includes:

- Yourself, even if you don't live with your parent(s)
- Your parent(s) (including a step-parent) regardless of current marital status or gender
- Your parent(s)' other children, if your parent(s) will provide more than half of their financial support from July 1, 2021 to June 30, 2022, or if the other children would be required to provide parental information if they were completing a FAFSA for 2021–2022.
- Other people who now live with your parent(s), if your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2022.

Full Name	Age	Relationship	College (student will be enrolled at least half-time)
		Self	*University of Maryland Global Campus*
		Parent 1	
		Parent 2	

STATEMENT OF CERTIFICATION

All of the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide further documentation to substantiate the information provided. I understand that all special circumstances are reviewed on a case-by-case basis and this written request does not guarantee approval and/or may not ultimately result in an actual change to the financial aid already offered. All persons providing information must sign below.

Student's Signature _____ Date _____

(must be signed by hand, not typed)

Parent's Signature _____ Date _____

(must be signed by hand, not typed)