

Dependent Student Special Conditions Appeal Form: Permanent and Total Disability

Studen	at's Name:	Financial Aid Office Use Only
Student's ID #:		Date
		Approved Denied
	Appeal Deadline	Signatures
	Complete appeals for the 2021-2022 academic	
	year must be received by May 1, 2022.	
merit federa incom Before be cor and mincom Submit does in Requirements of the core of t	r family has experienced significant changes in income recalculating your financial aid eligibility based on you ally-required 2019 income, please complete this form. You have has occurred for a period of at least ten weeks prior to see your appeal can be considered, your 2021-2022 Free Appeleted and all required documents must be submitted. It has be able to fully document why a decision was made applete, it will not be reviewed. Sission of an appeal does not guarantee approval of an appeal does not guarantee receipt of additional aid. You are responsited Documents: If a document listed below is not appled appleted.	ur projected annual 2021 income rather than the ou must be able to document that the reduction of ubmitting the appeal. pplication for Federal Student Aid (FAFSA) must UMGC is held accountable for all decisions made e to adjust a student's FAFSA. If an appeal is a appeal. Additionally, approval of an appeal insible for all outstanding charges with UMGC.
	nent indicating why you do not have the document. Completed appeal form – both pages	
2.	A typed statement that explains your circumstances in de	etail – must be signed by hand and dated
3.	2019 Tax Return Transcript for student	c .
	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	of your household (as defined in Part 3)
6.	Termination notice(s) from employer(s) or letter(s) of re	esignation
7.	Disability benefits statement(s) from the Social Security	Administration
	UCTIONS: Please provide all information requested in the peal will not be reviewed.	e following sections. If any are left incomplete,
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	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 below by listing all members of your parent(s)' household. Include the name of the college for any household member who will be enrolled <u>at least half-time</u> 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" is:*

- 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

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- 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.

College (student will be encolled at least half time)

Dalationshin

r un Name	Age	Relationship	Conege (student will be enrolled at least nan-time)
		Self	University of Maryland Global Campus
		Parent 1	
		Parent 2	

STATEMENT OF CERTIFICATION

Eull Name

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)			