

Academic Year: 2023-2024

Form: Independent Death of Spouse

Student's Name: \_\_\_\_\_ Student's ID #: \_\_\_\_\_

Please scan and submit your appeal documents at [www.umgc.edu/help/submit-case.cfm](http://www.umgc.edu/help/submit-case.cfm).

If your family has experienced significant changes in income due to the death of your spouse **on or after 01/01/2023**, please complete this form.

Before your appeal can be considered, your 2023-2024 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. [2021 Tax Return Transcript](#) and all accompanying schedules or signed copy of 2021 IRS Form 1040 federal tax return and all accompanying schedules for student  
[2021 Tax Return Transcript](#) and all accompanying schedules or signed copy of 2021 IRS Form 1040 federal tax return and all accompanying schedules for student for spouse (if applicable)
4. [2021 Wage and Income Transcript](#) for student  
[2021 Wage and Income Transcript](#) for spouse
5. Copy of death certificate

**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 2023-2024 FAFSA: Total cash, savings,

and checking account balance(s): \$ \_\_\_\_\_

**Part 2:** List all projected annual income and benefits from January 1, 2023 to December 31, 2023.

<b>SOURCE OF INCOME (projected until end of the year)</b>	<b>STUDENT</b>	<b>SPOUSE</b>
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	\$	\$
<b>TOTAL INCOME</b>	\$	\$

**Part 3:** Please complete the following chart by listing all members of your household. Include the full 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, 2023 and June 30, 2024. If additional space is needed, use an extra page. The definition of “household” includes:

- Yourself
- Your children -- even if they do not live with you -- if you will provide more than half of their financial support from July 1, 2023 to June 30, 2024, or if they would be required to provide parental information if they were completing their own FAFSA for 2023–2024.
- Other people who now live with you, if you provide more than half of their support and will continue to provide more than half of their support through June 30, 2024.

<b>Full Name</b>	<b>Age</b>	<b>Relationship</b>	<b>College (student will be enrolled at least half-time)</b>
		<i>Self</i>	<i>University of Maryland Global Campus</i>

**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 \_\_\_\_\_