



SPECIAL CIRCUMSTANCES APPEAL • 2009-2010

One Stop Student Services - onestop@cwidaho.cc - 208.562.3000 phone - 888.562.3216 fax
5500 East University Way - Nampa, ID 83687 - www.cwidaho.cc

This form is intended for students requesting a recalculation of financial need based on special or unusual circumstances. This appeal is only appropriate if ALL of the following are true.

- Your 2009 financial information will be significantly different than it was in 2008.
- Your 2009 financial information is different than the information you provided on your 2009-2010 FAFSA.
- You are able to document your situation as described below.

LAST NAME	FIRST NAME	M.I.	STUDENT ID -OR- SOCIAL SECURITY NUMBER
PHONE NUMBER (INCLUDING AREA CODE)	DATE OF BIRTH		

STUDENT INFORMATION

The appeal evaluation and decision will be based on the information you provide on this form as well as the information contained within your supporting documentation - be sure it is **complete, comprehensive, detailed, and legible**.

REQUIRED DOCUMENTATION CHECKLIST: Please submit all documentation listed below to CWI One Stop Student Services.

1. A written/typed statement describing your circumstances in detail and why you feel an exception should be made.
2. Photocopies of your (and your parents' or your spouse's if applicable) 2008 federal tax forms and W-2's.
3. The required documentation specified for your situation (either situation A, or B, or C) described on page 2 of this form.
4. If you are an independent student: pages 1, 2 and 3 of this form.
-or-
5. If you are a dependent student (you provided your parent's financial information on your FAFSA): pages 1, 2, and 4 of this form.

INCOMPLETE APPEALS/DOCUMENTATION CANNOT BE CONSIDERED.

If an exception is approved, your FAFSA will be revised and your financial aid award adjusted accordingly. Please Allow up to two weeks for processing. You will be notified of changes to your financial aid award.

SIGN THIS WORKSHEET

I certify that all the information reported on this document is true and correct to the best of my knowledge. I understand that if I purposely give false or misleading information I may be subject to a fine, imprisonment, or both. I also authorize the College of Western Idaho to make any necessary electronic corrections to my FAFSA based on the information submitted.

STUDENT SIGNATURE	DATE	PARENT SIGNATURE	DATE
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- CWI ONE STOP STUDENT SERVICES USE ONLY PLEASE -

STUDENT/SPOUSE INCOME	2008: _____	Comments:	_____
	2009: _____		_____
PARENT INCOME	2008: _____	Comments:	_____
	2009: _____		_____
<input type="checkbox"/> APPROVED	ISIR# _____		
<input type="checkbox"/> DENIED	NewEFC _____	FA DIRECTOR	_____

YOUR CIRCUMSTANCES - Please check all the items below that apply. You may check more than one item if applicable.

A. Loss or Reduction of Income or Benefits

___ You, ___ your spouse, ___ your parent (check one) had employment in 2008, but experienced a loss of job or reduction of income in the calendar year 2009. Date(s) change(s) occurred _____.

___ You, ___ your spouse, ___ your parent (check one) received unemployment compensation or some untaxed income or benefit in 2008 and have lost that income or benefit in the calendar year 2009.

___ Loss of family income due to death of parent or spouse.

Documentation for item #3 in the REQUIRED DOCUMENTATION CHECKLIST on page 1 of this form:

1. Termination letter or loss of benefit notification, if applicable.
2. In case of death, please provide a copy of the death certificate or obituary.
3. If this appeal is filed PRIOR to January 1st, 2010, copies of your most recent paystubs showing 2009 year-to-date earnings.
-or-
4. If this appeal is filed AFTER January 1st, 2010, copies of your 2009 Federal Tax forms and W-2's.

B. Change in Marital Status

After filing your FAFSA, ___ You, ___ your spouse, ___ your parent (check one) have ___ separated or ___ divorced.

Date(s) change(s) occurred _____.

Documentation for item #3 in the REQUIRED DOCUMENTATION CHECKLIST on page 1 of this form:

1. Divorce papers indicating the date of marital change, or written statement of separation.
2. If this appeal is filed PRIOR to January 1st, 2010, copies of your most recent paystubs showing 2009 year-to-date earnings.
-or-
3. If this appeal is filed AFTER January 1st, 2010, copies of your 2009 Federal Tax forms and W-2's.

C. Excessive Medical or Dental Expenses

___ You, ___ your spouse, ___ your parent (check one) have on-going medical/dental expenses in calendar year 2008 that are not covered by insurance.

___ You, ___ your spouse, ___ your parent (check one) paid excessive medical and/or dental expenses in calendar year 2007.

Documentation for item #3 in the REQUIRED DOCUMENTATION CHECKLIST on page 1 of this form:

1. Copy of Schedule A from tax your federal tax forms (if applicable).
2. Copies of bills/EOB's and an itemized list with a total of ALL medical and or dental expenses paid out of pocket.
3. If this appeal is filed PRIOR to January 1st, 2010, copies of your most recent paystubs showing 2009 year-to-date earnings.
-or-
4. If this appeal is filed AFTER January 1st, 2010, copies of your 2009 Federal Tax forms and W-2's.

INDEPENDENT STUDENT & SPOUSE'S 2009 ANTICIPATED INCOME AND ASSETS - independent students only, please complete this page.

Student is: ___married ___not married ___divorced ___separated ___widowed

List the people in your household, include:

- yourself, and your spouse if you have one, and
- your children, if you will provide more than half of their support from July 1, 2009 through June 30, 2010, and
- other people if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2009 through June 30, 2010.

Write the names of all household members. Also, please list a college for any household member who will be enrolled at least half-time (six credits minimum) in a college degree/certificate program for at least one full term/semester between July 1, 2009 and June 30, 2010. If you need more space, attach a separate page.

Full Name	Age	Relationship	College
		Self	College of Western Idaho

Please enter the amounts you anticipate you will receive in each category for January 1, 2009 through December 31, 2009.

Do not leave blanks – use zeros where appropriate.

Anticipated Income for 2009	Student	Spouse (if applicable)
GROSS wages, salaries, tips (w-2 earnings)	\$	\$
Interest and dividend income	\$	\$
Alimony received	\$	\$
Business and/or farm income	\$	\$
Partnership and/or S-corporation income	\$	\$
Capital gains	\$	\$
Pensions and annuities	\$	\$
Rents and royalties	\$	\$
Unemployment benefits	\$	\$
Other taxable income (source _____)	\$	\$
Social Security benefits for ALL family members	\$	\$
Child support received for all children	\$	\$
Retirement and/or Disability benefits	\$	\$
Welfare benefits, including TAFI/TANF (do NOT include food stamps)	\$	\$
Untaxed portions of pensions and/or annuities	\$	\$
Living and housing allowances for clergy, military, etc.	\$	\$
Veteran's non-educational benefits	\$	\$
Deductible IRA/Keogh payments	\$	\$
Other untaxed income (source _____)	\$	\$
Veterans benefits \$_____ per month, multiplied by _____ months =	\$	\$
TOTAL ANTICIPATED INCOME =	\$	\$

SPECIAL CIRCUMSTANCES – PG 4**DEPENDENT STUDENT & PARENT'S 2009 ANTICIPATED INCOME AND ASSETS** - dependent students only, please complete this page.Parent(s) are: married not married divorced separated widowedList the people in your **parent(s)'** household, include:

- yourself and your parent(s) (including stepparent). List yourself even if you no longer live with them.
- your parent(s)' other children, even if they don't live with your parent(s), if
 - (a) your parents provide more than half of their support from July 1, 2009 through June 30, 2010 or
 - (b) the children would be required to provide parental information when applying for Federal Student Aid.

Write the names of all household members. Also, please list a college for any household member, **excluding your parent(s)**, who will be enrolled at least half-time (six credits minimum) in a college degree/certificate program for at least one full term/semester between July 1, 2009 and June 30, 2010. If you need more space, attach a separate page.

Full Name	Age	Relationship	College
		Self	College of Western Idaho

Please enter the amounts you anticipate you will receive in each category for January 1, 2009 through December 31, 2010.
Do not leave blanks – use zeros where appropriate.

Anticipated Income for 2009	Student	Parent A	Parent B
GROSS wages, salaries, tips (w-2 earnings)	\$	\$	\$
Interest and dividend income	\$	\$	\$
Alimony received	\$	\$	\$
Business and/or farm income	\$	\$	\$
Partnership and/or S-corporation income	\$	\$	\$
Capital gains	\$	\$	\$
Pensions and annuities	\$	\$	\$
Rents and royalties	\$	\$	\$
Unemployment benefits	\$	\$	\$
Other taxable income (source _____)	\$	\$	\$
Social Security benefits for ALL family members	\$	\$	\$
Child support received for all children	\$	\$	\$
Retirement and/or Disability benefits	\$	\$	\$
Welfare benefits, including TAFI/TANF (do NOT include food stamps)	\$	\$	\$
Untaxed portions of pensions and/or annuities	\$	\$	\$
Living and housing allowances for clergy, military, etc.	\$	\$	\$
Veteran's non-educational benefits	\$	\$	\$
Deductible IRA/Keogh payments	\$	\$	\$
Other untaxed income (source _____)	\$	\$	\$
Veterans benefits \$_____ per month, multiplied by _____ months =	\$	\$	\$
TOTAL ANTICIPATED INCOME =	\$	\$	\$