

**DEPENDENT SPECIAL CIRCUMSTANCES APPEAL APPLICATION
2011-2012**

Student Name

Student ID Number

The purpose of this form is to allow you to submit additional information that will assist the Office of Financial Aid in determining your eligibility for financial aid. Please submit a letter of appeal along with this form and the required documentation. The appeal information will be used to consider changes in your family's financial status and to evaluate projected income to determine if allowable adjustments can be made that present a more realistic picture of your family's ability to contribute toward the cost of education.

A completed 2011-2012 Verification Worksheet and all requested documentation, including 2010 Federal tax returns, must be submitted in addition to the documentation requested in support of your appeal.

REASONS FOR THE APPEAL

Please check all that apply:

Documentation Required:

Change in Household Situation:

- | | | |
|---|-----------------------|---|
| <input type="checkbox"/> Divorce or separation | Effective date: _____ | • Copy of divorce/complaint or letter from attorney |
| <input type="checkbox"/> Death of parent | Date of death: _____ | • Photocopy of death certificate
• Documentation of insurance settlement, social security benefits |

Parent Income Reduction:

- | | | |
|---|-----------------------|--|
| <input type="checkbox"/> Loss of employment | Effective date: _____ | • Letter of separation from employer
• Copy of last pay stub from both previous and current jobs (if applicable)
• Copy of unemployment benefits or statement of ineligibility |
| <input type="checkbox"/> Decrease in wage/salary | Effective date: _____ | • Letter from employer indicating the date of involuntary reduction of wage/salary |
| <input type="checkbox"/> Loss of other income | Effective date: _____ | • Third party documentation that includes when benefits were reduced or terminated |

Additional Family Expenses:

- | | |
|--|--|
| <input type="checkbox"/> Elementary/secondary tuition
(for children other than KCC student)
Amount paid in 2010-2011 school year: _____ | • Copy of paid invoice
• Letter certifying enrollment from the school |
| <input type="checkbox"/> Medical/dental expenses | • Receipts indicating paid medical/dental expenses in 2010 |

(Over)

DEPENDENT SPECIAL CIRCUMSTANCES APPEAL APPLICATION (Continued)
2011-2012

FAMILY FINANCIAL INFORMATION

- Please complete all income blocks listed below. If you have no income for a particular item, please write in "0" in that space.
- Report gross income you have actually received from January 1, 2011 through today. Then estimate all income you expect to receive from today through December 31, 2011. You must attach documentation of all income.

INCOME FOR JANUARY 1, 2011 TO DECEMBER 31, 2011	ACTUAL 2011 INCOME: 1/1/11 TO TODAY	ESTIMATED INCOME 2011 INCOME: TODAY TO 12/31/11	TOTAL INCOME: (ACTUAL PLUS ESTIMATED)
Father's income from work (gross)	\$	\$	\$
Mother's income from work (gross)	\$	\$	\$
Other taxable income (unemployment compensation, dividends, interest, pensions, annuities, alimony, etc.)	\$	\$	\$
TOTAL INCOME FOR 1/1/11 – 12/31/11	\$	\$	\$
Other non-taxed/reported income (welfare benefits, workmans compensation, social security income, disability, etc.)	\$	\$	\$
Child Support received	\$	\$	\$

SIGNATURES – *Required*

Be certain you have completed the following before submitting your appeal to us:

- Provide a detailed letter of appeal that explains how your family's financial status has changed.
- Complete all sections (both sides) of this form.
- Attach the documentation required for this appeal.
- Attach the 2011-2012 Verification Worksheet along with all requested 2010 Federal tax returns. (If appeal is submitted in November/December 2011 or later, then 2011 Federal tax return(s) and W-2s are also required.)

We affirm that the information provided on this form and the attached documentation is correct and complete to the best of our knowledge.

Student signature

Date

Parent signature

Date