Cleveland Clinic
School of Health Professions

Appeal for Review of Special Circumstances
2026-2027

Student Name: _____ **SIS ID Number:** _____

Introductory Information
Based on the information you provided on your FAFSA, the federal government determines your financial need for your education. The financial aid offer reflects this information in the federal and state aid on your award. If you feel you/your family has experienced an unusual circumstance that is affecting your family financially, and your 2026-2027 FAFSA is no longer an accurate representation of your ability to pay, please complete and submit this form along with your required documentation. The financial aid office will review your documentation to determine if an adjustment to your FAFSA is appropriate.

Before submitting this form to the financial aid office, you must have received an official award offer from the financial aid office and be aware of the following information:

- In order to submit this form, you must have already completed the 2026-2027 FAFSA.
- The US Department of Education requires schools to perform verification on selected applicants before considering professional judgement adjustments.
- Most appeals will require the submission of tax information.
- Appeals will not be considered for FAFSAs that have been completed using estimated tax information.
- Submission of this form does not guarantee that an adjustment will be made to your financial aid offer.
- Processing time can take up to two weeks before a determination is made.
- All appeal information is expected to be submitted with this form and clearly labeled with the student's name and ID number (if known).

Please Note: Documentation included in your appeal must be submitted in, or translated into, English.
**The Office of the Bursar & Financial Aid cannot accept documentation written in another language.*

Special Circumstances do <u>not</u> include the following:

- Student/parent does not wish to borrow to cover educational expenses.
- Parents' refusal to contribute to educational expenses
- Parents' payment of student loans for older siblings
- Expenses such as credit card debt, wedding expenses, sports, enrichment activities, etc.

Once you have read all the above information, please see below for instructions regarding how to submit your appeal.

Students who already have a Student Aid Index (SAI) at or lower than zero on their FAFSA are not eligible to submit this form.

Cleveland Clinic
School of Health Professions

Complete all Steps Listed Below

Step 1: Select the reason(s) for your appeal:

- ☐ Termination
- ☐ Retirement
- ☐ Child Support
- ☐ Death of a Spouse/Parent
- ☐ Layoff
- ☐ One-Time Lump-Sum Payment
- ☐ Injury or Illness
- ☐ Excessive Medical Expenses
- ☐ Disability
- ☐ Unemployment Benefits
- ☐ Divorce
- ☐ Other

Step 2: Provide a detailed statement explaining your situation. The statement must be clear and complete, and include information such as:

- When did the circumstance occur?
- When do you expect it to be resolved?
- What is your current situation?
- Is there any other relevant information that will explain your circumstance?

Step 3: Provide a detailed statement regarding your current financial situation

Explain your monthly current income and expenses. Please provide documentation of your current income.

Step 4: Attach your documentation. This may include any of the following items:

- W-2 Forms
- Signed Tax Returns
- Paystubs
- IRS 1099 Forms
- Notices of separation from your employer
- Court documents
- Unemployment benefits
- Death Certificates
- Documentation of paid medical expenses

Please be aware that incomplete appeals will not be reviewed and will be returned to you.

By signing, I certify that all information submitted is complete and correct to the best of my knowledge. I also understand that the submission of this form does not guarantee that an adjustment will be made to the financial aid award.

Print Name: _____ SIS ID Number: _____

Student Signature: _____ Date: _____

Signature of Parent (dependent students only): _____ Date: _____

Signature of Spouse (independent students only): _____ Date: _____