

**Office of Financial Aid**

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At Ursuline, we know that a college education is one of the best investments one can make, and financing a college education is an important concern for every student. Sometimes families experience special circumstances, which affect their ability to finance a college education that has not been captured or accurately reflected through the federal financial aid application process.

The federal aid formula used to determine need now uses tax information from two years prior to measure need. We understand this assessment can increase the possibility of significant changes to family situations because of the year lag time.

We ask that you complete this form and attach appropriate documentation and details about the nature of your special circumstance so that we may best understand and act upon your request. We can then determine if updating your FAFSA application with this current information will impact aid eligibility, allowing adjustments to your federal and/or state financial aid.

\_\_\_\_\_  
**Student Name (Last Name, First Name)**

\_\_\_\_\_  
**Ursuline Student ID**

**Please keep in mind:**

1. The student’s FAFSA must be completed before consideration for this process.
2. Filing this form does not guarantee an increase in the student’s financial aid package.
3. We cannot respond to anticipated changes, wait until the changes occur before submitting.
4. Decisions are final and further appeals will be reviewed only if new information or circumstances arise.

**Student and Parent(s) are required to submit the following documents before your appeal will be reviewed.**

**Do not submit your appeal until you have all the required documents.**

- Detailed explanation of your situation with dates and documentation
- 2024 IRS Tax Return Transcript(s) or signed copies of 2024 Federal Tax Return including Schedules 1, 2, and 3 if filed (*if the direct data exchange was not used on the FAFSA*)
- 2025 IRS Tax Return Transcript(s) or signed copies of 2025 Federal Tax Return including Schedules 1, 2, and 3 if filed
- All additional required documentation listed for your circumstances

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- One-time Income Payment:** *You or your parent(s) received a one-time income payment in 2024 (may include pension or IRA distribution, inheritance, or bonus.)*

Additional required documentation:

1. Documentation of one-time payment
2. Explanation of why one-time payment is not available for educational purposes

\*Consumer debt cannot be considered when determining a family’s ability to contribute to a student’s education

- Loss of Untaxed/Taxable income:** *Child Support, Alimony, Workers Compensations, or other*

List benefit or Untaxable/Taxable income source: \_\_\_\_\_

Date of Benefit or Income Loss: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount received for 2024 \$\_\_\_\_\_

Additional required documentation: Termination letter from provider/agency.

- Separation/Divorce:** Date of Separation/Divorce: \_\_\_\_/\_\_\_\_/\_\_\_\_

Additional required documentation:

1. Separation or divorce papers
2. All 2024 W-2’s for both parents

**Death of parent(s)**

Name of Deceased: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Student: \_\_\_\_\_

Additional required documentation:

1. Proof of death
2. All 2024 W-2's for parent(s)

**Private School Tuition paid for legal dependents**

Elementary/Secondary school tuition expense totaling \$ \_\_\_\_\_ for 2024 tax year

Name of child/children: \_\_\_\_\_

Additional required documentation: A statement on school letterhead, indicating the amount paid minus scholarships/tuition assistance.

**Excessive Medical or Dental Payments:** *Payments must be those unreimbursed, do not include tax-exempt insurance premiums or expenses paid by medical saving through payroll deductions.* Additional required documentation:

1. Copy of Schedule A from 2024 Federal Tax Return and/or
2. Proof of medical expenses paid from medical provider, not covered by insurance company

**Loss of Employment:** \_\_\_\_ 2025 income is substantially lower than 2024 income

\_\_\_\_ 2026 income will be substantially lower than 2024 income

(check one) \_\_\_\_ Student \_\_\_\_ Parent 1 \_\_\_\_ Parent 2/Stepparent Date of Loss: \_\_\_\_/\_\_\_\_/\_\_\_\_

Additional required documentation:

1. A letter on letterhead from previous employer indicating last day worked
2. Last paystub showing year-to-date earnings or letter from employer indicating year-to-date earnings
3. Unemployment Benefits Determination Statement
4. Most current paystub, if employed

**Other unusual circumstances**

Additional required documentation:

1. Detailed statement explaining circumstances
2. Supporting documentation

**EVERYONE MUST COMPLETE THE FOLLOWING SECTION**

**HOUSEHOLD INFORMATION:**

List the people in your household, include:

- You and your parent(s), including stepparent even if you do not live with your parents, and
- Your parents' other children, even if they do not live with your parent(s), if your parent(s) will provide more than half of their support from July 1, 2026, through June 30, 2027, and
- Other people if they now live with your parent(s), and your parent(s) provide more than half of their support and will continue to provide more than half of their support from July 1, 2026, through June 30, 2027.

Print the names of all household members in the chart below. Also, write in the name of the college for any household member who will be attending college at least half time between July 1, 2026, and June 30, 2027, and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship
		Self

**Only complete this section if 2026 income will be significantly less than the reported 2024 or 2025 income.**

**ESTIMATE OF 2026 INCOME**

Provide the BEST estimate of you and your parent(s) income from all sources for the period of January 1, 2026, through December 31, 2026. *You must answer each of the following lines.* Report "0" if nothing is received. *Be sure to list figures that encompass the entire 2026 calendar year* – it may be necessary to project or estimate a portion of this income. Remember to attach all documentation that is listed under Loss of Employment on the previous page.

**ESTIMATE 2026 TAXABLE INCOME:**

**12 – MONTH FIGURES**

- |  |       |
|--|-------|
| 1. Wages, salaries, and tips earned by me, the student (gross income). | _____ |
| 2. Wages, salaries, and tips earned by parent 1 (gross income).        | _____ |
| 3. Wages, salaries, and tips earned by parent 2 (gross income).        | _____ |
| 4. Unemployment benefits.  | _____ |
| 5. Interest/dividend income, capital gains.                            | _____ |
| 6. Alimony.  | _____ |
| 7. Any other taxable income received. (Please list.)                   | _____ |

**ESTIMATED 2026 UNTAXABLE INCOME:**

- |   |       |
|---|-------|
| 1. Social Security Benefits (including Supplemental Security Income). | _____ |
| 2. Aid to Family with Dependent Children (AFDC or ADC).               | _____ |
| 3. Child Support received for all children.                           | _____ |
| 4. Worker's Compensation.   | _____ |
| 5. Any other untaxable income received. (Please list.)                | _____ |

**CURRENT ASSETS:**

- |  |       |
|--|-------|
| 1. Cash, savings, and checking.                          | _____ |
| 2. Net worth of current investments.                     | _____ |
| 3. Net worth of current business and/or investment farm. | _____ |

**Certification:**

**We affirm that the information reported on and submitted with this form is true and complete. Upon request, we will provide additional documentation to substantiate the information provided.**

**WARNING: If you purposefully give false or misleading information, you may be fined, sentenced to jail, or both.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**REMINDER: ATTACH A COPY OF YOUR AND YOUR PARENT(S) 2024 FEDERAL TAX RETURN TRANSCRIPTS(S), AS WELL AS ANY OTHER DOCUMENTAION THAT MAY HELP TO SUBSTANTIATE YOUR CLAIM.**

**RETURN FORM TO: Ursuline College, Student Service Center, 2550 Lander Road, Pepper Pike, Ohio 44124**