



**2012-2013
Dependent
Special Conditions Appeal Form**

Your Free Application for Federal Student Aid (FAFSA) contains information about income earned in 2011 that may no longer be an accurate reflection of your family's financial situation. Please read this form carefully and provide the documentation that supports your current situation. This application will not be reviewed until all the required documentation has been submitted to the Financial Aid Office. Please be advised that this special review does not always result in increased aid eligibility.

Student's Last Name	Student's First Name	Student's M.I.	Student's Social Security Number
Student's Street Address (include apt. no.)			Student's Date of Birth
City	State	Zip Code	Student's Email Address
Student's Home Phone Number (include area code)			Student's Alternate or Cell Phone Number

Section A: All students are required to submit the documents listed in this section (unless previously submitted).

1. 2012-2013 Verification worksheet for Dependent Students
2. Parent **2011 IRS tax return transcript** – not a photocopy of the income tax return
3. Parent 2011 W-2s
4. Student **2011 IRS tax return transcript** – not a photocopy of the income tax return
5. Student 2011 W-2s
6. A written statement detailing the reason for your appeal

Section B: Please check the box that **BEST** describes your current situation.

Loss or Change of Income from work	Additional Required Documentation
<input type="checkbox"/> Unemployment: One or both of your parents has lost a job and is currently not employed.	<ul style="list-style-type: none"> ▪ Provide a letter verifying the separation date and any severance benefits from each employer for whom your parent is no longer working. ▪ Provide a copy of your parent's unemployment benefits eligibility statement. If your parent has been denied unemployment benefits provide a copy of the denial of benefits letter. ▪ Provide the last pay stub from laid off position. ▪ Provide three most recent pay stubs from all other current positions.
<input type="checkbox"/> Wage Reduction: One or both of your parents has reduced earnings because of a job change, or because of a reduction in hours or earnings while working for the same employer.	<ul style="list-style-type: none"> ▪ Provide a letter from the your parent's employer stating the date the job or rate of pay changed, the former rate of pay, new rate of pay, and the average number of hours worked in a pay period. ▪ Provide three most recent pay stubs

<input type="checkbox"/> Wage Reduction: Your parent was working, but no longer can work because of permanent disability.	<ul style="list-style-type: none"> ▪ Provide a copy of the final pay stub or documentation from the previous employer verifying year-to-date earnings. ▪ Provide documentation verifying the actual or anticipated monthly disability benefits
Change in Family Situation	Additional Required Documentation
<input type="checkbox"/> Since filing the 2012-2013 FAFSA your parents are now separated or divorced.	<ul style="list-style-type: none"> ▪ Provide verification of your parent’s separation or divorce. For example, a copy of the separation agreement prepared by an attorney, or a copy of the divorce decree. ▪ Provide documentation verifying the amount of alimony you currently receive, or you anticipate receiving. ▪ Provide documentation verifying the amount of child support you currently receive or anticipate receiving. ▪ Provide documentation verifying the current amount of child support paid, and name of each child for whom support was paid.
<input type="checkbox"/> Since filing the 2012-2013 FAFSA a parent has passed away.	<ul style="list-style-type: none"> ▪ Provide a copy of the death certificate, or an obituary from a newspaper ▪ Provide a statement listing ALL benefits received as a result of death.
Other Circumstances	Additional Required Documentation
<input type="checkbox"/> Unreimbursed Medical Expenses: Unusually high medical and dental expenses not documented on Schedule A of your federal income tax return.	<ul style="list-style-type: none"> ▪ Be specific about un-reimbursed (not premium) out-of-pocket costs to the family, such as elderly parent care (please provide copies of bills, canceled checks, etc)
<input type="checkbox"/> Tuition Expense: Your parent has paid private elementary or secondary school tuition for one or more of your siblings because of a learning disability, or other special situation. Only costs for the current school year will be considered.	<ul style="list-style-type: none"> ▪ Provide a bill or letter from the school that lists the amount of tuition paid and time period for which it was paid.
<input type="checkbox"/> Other: Any financial hardship circumstance not listed elsewhere on this form. Car payments or credit card debt cannot be considered.	<ul style="list-style-type: none"> ▪ Submit all supported documentation.

By signing this from all parties certify that all information reported is complete and correct.

**Mail to: Merrimack College
Office of Financial Aid
315 Turnpike Street
North Andover, MA 01845**

Student Date

Parent Date