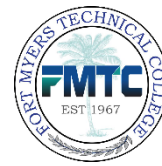


**Fort Myers Technical College  
Financial Aid Department  
Special Circumstances Appeal Form**



**Student Name:** \_\_\_\_\_

**Student ID #:** \_\_\_\_\_

Financial Aid eligibility is determined by the Free Application for Federal Student Aid (FAFSA). This Special Circumstances Appeal Form may be submitted if the information on your 2025-2026 FAFSA used to calculate your Student Aid Index (SAI) is no longer an accurate reflection of your current financial status due to an extenuating circumstance. Submission of this form does not guarantee an adjustment will be made or that additional aid will be awarded.

Circumstances that cannot be considered:

- Refusal of a parent to provide financial support to the student
- Unusual expenses related to personal living
- Filing for bankruptcy
- Credit card/other personal debts
- One-time increase in income related to work/performance bonuses, lottery or gambling winnings
- Reductions in overtime pay (this will be reflected in the next year's aid application)
- Any circumstances experienced by the non-custodial parent on the FAFSA

**Requesting a Re-Evaluation of Your Aid Eligibility**

Each student's situation is unique and is reviewed on a case-by-case basis. Submission of a Special Circumstances Appeal Form does not guarantee approval, and families should make alternative payment arrangements while waiting for the outcome of an appeal.

To request a Special Circumstances review, the student's 2025-2026 FAFSA must be on file.

1. Submit a signed statement explaining the situation you would like us to consider.
2. Complete this form in its entirety.
3. Provide all requested documentation. Incomplete requests will not be considered until we have all the required documentation.
4. Submit your request in-person to the FMTC Student Services office or by mail to: Fort Myers Technical College Office of Financial Aid, 3800 Michigan Avenue, Fort Myers, FL 33916

*Note: Additional documentation may be required upon review of your request. If additional documentation is needed, we will notify the student by sending an email to the student email address in FOCUS. Please monitor this email address.*

**1. Personal Statement:** Submit a signed statement explaining the situation you would like us to consider and a timeline for the events that occurred. To re-evaluate your eligibility, we need a detailed statement.

- Include all important dates, dollars, and reasons for how and when your situation changed.
- Be specific: Who had a change? What changed?
- Be linear: First this happened, then this, and finally this.
- Include dates: Tell us specific dates when things changed.
- Connect facts to documents: When you give a fact, tell us what documentation relates to that fact. Example: "I was laid off from my job at company XYZ on January 12th. I've attached the layoff notice. I started receiving unemployment income on February 2nd for \$200 per week. I've attached a screenshot of all my unemployment payments since the payments began. Unemployment is my only income now."

2. **Reason for Appeal:** Check the box below to indicate the circumstance(s) you would like us to consider (and the person(s) affected) and provide all required documents. Include the student's ID number on all documents submitted.

\*\*\*The following documents are required for all appeal reasons:

- 2023 and 2024 Tax Return Transcript (irs.gov) or a signed copy of the 2023 and 2024 IRS 1040 forms for student, spouse, and parent(s)
- 2023 and 2024 IRS Wage and Income Statement (irs.gov) or copies of all 2023 and 2024 W-2s for student, spouse, and parent(s) (if applicable)

SELECT	REASON FOR APPEAL	REQUIRED DOCUMENTS
<input type="checkbox"/>	<b>Loss of Employment/ Reduction in Wages for 12 weeks or longer</b> <input type="checkbox"/> Student <input type="checkbox"/> Parent <input type="checkbox"/> Spouse	<ul style="list-style-type: none"> <li>• A copy of the last pay statement showing gross year-to-date income for all jobs worked for affected individual(s). If more than one employer, please include start/end dates in personal statement</li> <li>• Documentation of unemployment benefits from state agency (if applicable)</li> <li>• Documentation of severance pay received, or IRAs, stocks, bonds, pensions, etc. converted to cash (if applicable)</li> <li>• Copy of DD214 if it is a military discharge</li> </ul>
<input type="checkbox"/>	<b>Retirement</b> <input type="checkbox"/> Student <input type="checkbox"/> Parent <input type="checkbox"/> Spouse	<ul style="list-style-type: none"> <li>• A copy of the last pay statement showing gross year-to-date income for all jobs worked for affected individual(s). If more than one employer, please include start/end dates in written statement</li> <li>• Amount of pension and/or monthly social security benefits (if applicable)</li> <li>• Documentation of last date of employment</li> <li>• Military Leave &amp; Earnings Statement (if applicable)</li> </ul>
<input type="checkbox"/>	<b>Loss of Benefits/Untaxed Income - child support, alimony, disability, worker's compensation, and social security benefits only</b>	<ul style="list-style-type: none"> <li>• Notice of cancellation or reduction of benefits/income and effective date</li> </ul>
<input type="checkbox"/>	<b>Separation/Divorce after filing the FAFSA</b> <input type="checkbox"/> Student Separation <input type="checkbox"/> Student Divorce <input type="checkbox"/> Parent Separation <input type="checkbox"/> Parent Divorce	<ul style="list-style-type: none"> <li>• Divorce decree or</li> <li>• Separation agreement: If legal documentation of separation doesn't exist, submit a notarized statement on letterhead confirming your separation claim from a valid third-party (clergy, marriage counselor, life coach, social worker, legal aid/council not related to you) indicating date of separation AND proof of separate residences (i.e. lease, mortgage statement, utility bill, driver's license)</li> </ul>
<input type="checkbox"/>	<b>Death of Parent/Spouse who is on the FAFSA</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<ul style="list-style-type: none"> <li>• Death certificate</li> </ul>
<input type="checkbox"/>	<b>Non-Elective Dental/Medical Expenses</b> <input type="checkbox"/> Student <input type="checkbox"/> Parent <input type="checkbox"/> Spouse	<ul style="list-style-type: none"> <li>• 2024 Schedule A from 2024 Tax Return</li> <li>• If a 2023 Schedule A was not filed, submit all receipts/documentation of expenses paid out of pocket and not covered by insurance in 2024-2025</li> </ul>

3. **Actual and Anticipated 2025 Calendar Year Taxed and Untaxed Income.** ONLY complete this section if your appeal is for job loss/reduction in income, retirement, or loss of income/benefits.

The First column on the left should include **gross** income (before deductions) earned to date. The second column is an estimation of the gross income for the remainder of the calendar year. The final column is the sum of column one and two.

	<i>Actual Year to Date Jan 1 - Today, 2024</i>	<i>Estimated Amounts Today - Dec 31, 2024</i>	(=) <i>Total</i>
<b>Taxable Income:</b>	\$	(+) \$	(=) \$
Income earned from work- Student	\$	(+) \$	(=) \$
Income earned from work- Spouse	\$	(+) \$	(=) \$
Income earned from work- Parent 1	\$	(+) \$	(=) \$
Income earned from work- Parent 2	\$	(+) \$	(=) \$
Business Income	\$	(+) \$	(=) \$
Unemployment Compensation	\$	(+) \$	(=) \$
Other: _____	\$	(+) \$	(=) \$
<b>Untaxed Income:</b>	\$	(+) \$	(=) \$
Veteran's Non-Education Benefits	\$	(+) \$	(=) \$
Child Support Received	\$	(+) \$	(=) \$
Tax Deductible Payments to IRA/Keogh	\$	(+) \$	(=) \$
Other: _____	\$	(+) \$	(=) \$
Other: _____	\$	(+) \$	(=) \$

**\*INCLUDE:** Workman's compensation, disability payments, alimony, housing, food and living allowances, cash or any money paid on your behalf

4. **Certification**

I certify that the information contained on this form is correct. I understand that if I purposely give false or misleading information or forged signatures on this form, I may be fined \$20,000, sent to prison, or both; and it may result in the cancellation or repayment of all or part of my financial aid. I understand that I must sign and return this form with all required documentation for my request to be reviewed. **Electronic signatures are not accepted.**

\_\_\_\_\_  
Printed Student Name

\_\_\_\_\_  
Student Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Parent Name

\_\_\_\_\_  
Parent Signature (Required if Student is  
Dependent on FAFSA)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Spouse Name

\_\_\_\_\_  
Spouse Signature (Required if Student is  
Married)

\_\_\_\_\_  
Date

***Financial Aid Department Use Only***

Date of Interview: \_\_\_\_\_

Interview Attendees: \_\_\_\_\_

\_\_\_\_\_

Additional Documentation Requested: \_\_\_\_\_

\_\_\_\_\_

Additional Documentation Received:     Yes     No

Appeal Granted:                             Yes     No

Denial Reason: \_\_\_\_\_

\_\_\_\_\_

Date Student Notified: \_\_\_\_\_

Financial Aid Specialist Signature: \_\_\_\_\_