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 2026-2027 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 2026-2027 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:**

- 2024 and 2025 Tax Return Transcript (www.irs.gov/individuals/get-transcript) or a signed copy of the 2024 and 2025 IRS 1040 forms for student, spouse, and parent(s)
- 2024 and 2025 IRS Wage and Income Statement (www.irs.gov/individuals/get-transcript) or copies of all 2024 and 2025 W-2s for student, spouse, and parent(s) (if applicable)

SELECT	REASON FOR APPEAL	REQUIRED DOCUMENTS
☐	**Loss of Employment/ Reduction in Wages for 12 weeks or longer** ☐ Student ☐ Parent ☐ Spouse	• 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 • Documentation of unemployment benefits from state agency (if applicable) • Documentation of severance pay received, or IRAs, stocks, bonds, pensions, etc. converted to cash (if applicable) • Copy of DD214 if it is a military discharge
☐	**Retirement** ☐ Student ☐ Parent ☐ Spouse	• 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 • Amount of pension and/or monthly social security benefits (if applicable) • Documentation of last date of employment • Military Leave & Earnings Statement (if applicable)
☐	**Loss of Benefits/Untaxed Income -** child support, alimony, disability, worker's compensation, and social security benefits only	• Notice of cancellation or reduction of benefits/income and effective date
☐	**Separation/Divorce after filing the FAFSA** ☐ Student Separation ☐ Student Divorce ☐ Parent Separation ☐ Parent Divorce	• Divorce decree or • 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)
☐	**Death of Parent/Spouse who is on the FAFSA** ☐ Spouse ☐ Parent	• Death certificate
☐	**Non-Elective Dental/Medical Expenses** ☐ Student ☐ Parent ☐ Spouse	• 2025 Schedule A from 2025 Tax Return • If a 2025 Schedule A was not filed, submit all receipts/documentation of expenses paid out of pocket and not covered by insurance in 2024-2025

3. **Actual and Anticipated 2026 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.			
	Actual Year to Date Jan 1 - Today, 2026	***Estimated Amounts Today - Dec 31, 2026***	(=) ***Total***
Taxable Income:	$	(+) $	(=) $
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: _____	$	(+) $	(=) $
Untaxed Income:	$	(+) $	(=) $
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: _____