



Student Financial Services Phone: 260-982-5066  
 604 E. College Avenue 866-982-5066  
 North Manchester, Indiana 46962 Fax: 260-982-5121  
 sfs@manchester.edu

## 2023-2024 Change in Circumstances Appeal Form

### **Section I: Student Information**

Student Name: \_\_\_\_\_ Student ID or SSN: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Your 2023-2024 financial aid is based on 2021 income reported on the FAFSA. If your circumstances have changed since the filing of your FAFSA, you may request a reevaluation. The University expects students will utilize all financial assistance offered, including federal direct loans, before evaluating eligibility for additional aid. To update our information and determine whether we can further assist you, please provide this completed Change in Circumstance Appeal form and all documentation listed under Section IV.

Please follow all instructions completely as missing information will delay the review of your appeal. You will be notified by email of the decision. If additional information is needed, you will be contacted by email. Appeals can take up to 30 working days to complete.

*Additional financial assistance is determined on a case-by-case basis and may be in the form of gift aid or self-help aid (loan). Submission of this form does not guarantee an adjustment or increase in financial aid.*

### **Section II: 2023 Projected Income**

Student: estimated income for the period January 1 to December 31, 2023 \$ \_\_\_\_\_  
 Parent 1: estimated income for the period January 1 to December 31, 2023 \$ \_\_\_\_\_  
 Parent 2: estimated income for the period January 1 to December 31, 2023 \$ \_\_\_\_\_  
 Other income: Source \_\_\_\_\_ \$ \_\_\_\_\_

Note: Other income includes, but not limited to, interest, dividends, rents, royalties, business income, child support, unemployment, Social Security, alimony, workman’s compensation, etc.

### **Section III: Certification**

I understand that if I knowingly make a false statement or misrepresentation, further financial assistance may be denied, and the removal of current financial assistance may be required. I certify that all information submitted with this request is true and complete to the best of my knowledge. If asked, I agree to provide any documentation requested by Student Financial Services to prove the accuracy of this information.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 1 signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2 signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Independent students)

#### **Section IV: Your Circumstance**

Check the circumstance(s) for your appeal and submit the following to Student Financial Services:

1. completed Change in Circumstance Appeal form,
2. a descriptive, detailed letter of the circumstance(s), and
3. documentation for each circumstance checked below.

\_\_\_\_ **A. Involuntary Loss of Employment**-You, your parent(s), or spouse who earned money in 2021 has lost employment for at least 10 weeks in 2023 because of termination, layoff, disability, retirement, company closing or plant shutdown.

- Copy of termination or a statement from employer indicating last date of employment and the reason for the loss of employment
- Copy of most recent pay stub from previous job
- Severance statement (if applicable)
- Copy of Unemployment Benefits statement (if applicable)

\_\_\_\_ **B. Involuntary Reduction of Income**-You, your parent(s), or your spouse were employed in 2021 but have experienced a substantial reduction of earnings for at least 10 weeks in 2023.

- Copy of verification letter from employer detailing a reduction in earnings due to change in employment or a natural disaster and date reduction in earnings began
- Copy of most recent three pay stubs from current job

\_\_\_\_ **C. Loss of Benefits**-You, your parent(s), or spouse have experienced loss of benefits (unemployment, alimony) or loss of untaxed income (disability, SSI, child support, workers comp, etc.) for at least 10 weeks in 2023.

- Copy of letter from unemployment office stating start/end dates of benefit and amount, and/or
- Copy of court document stating start/end dates of alimony benefit and amount, and/or
- Copy of letter from Social Security Administration documenting the start/end dates and amount of SS benefits, and/or
- Copy of letter from court documenting start/end dates and amounts of child support, and/or
- Copy of letter from Bureau of Worker's Compensation stating start/end dates and amount

\_\_\_\_ **D. Death of a Parent or Spouse**-A parent(s) or spouse has passed away after you filed your Free Application for Federal Student Aid (FAFSA).

- Copy of death certificate
- Copy of 2022 1040 U.S. Individual Income Tax Return(s) and all applicable W-2s

\_\_\_\_ **E. Other unusual circumstances**-Due to other unusual circumstances, my and/or my family's income will be significantly less in 2023 than it was in 2021.

- Copy of documentation supporting your unusual circumstance

If you are uncertain as to whether your situation can be considered for review or have questions about the review process, please contact Student Financial Services at 260-982-5066 or [SFS@manchester.edu](mailto:SFS@manchester.edu) .

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