

Student Name: _____ HCCID: _____
 Phone (Home): _____ Cell: _____ Email: _____

I give permission to correspond all matters of my special circumstance appeal with the following person:
 Name: _____ Relationship to the student: _____
 Phone: _____ Email: _____

Prior to applying for a Special Circumstance, your completed 2026-2027 Free Application for Federal Student Aid (FAFSA) must be received by Holy Cross College.

To qualify for a Special Circumstance Review, you must:

- Provide a written explanation of your circumstances, either on this form or in a separate document.
- Complete the verification process by providing the financial aid office with the following items:
 - A completed dependent verification worksheet
 - Parent and student tax information for 2024. Information can be provided by importing your tax information into the FAFSA using the IRS data retrieval tool (you may have already done this) or submitting an official copy of your IRS tax transcript.
- Provide requested documentation.

Do NOT submit this appeal if:

- You have not filed the 2026-2027 FAFSA.
- Your expected family contribution for the 2026-2027 FAFSA is \$0
- In the event of loss of employment, if the loss of work has been for fewer than 9 weeks.

Check the Special Circumstance(s) pertaining to you:



Loss of income from work

Your parent who earned money in 2024 has his/her job and has been unemployed for at least 9 weeks in 2026 or 2027 or has experienced a loss of income due to a disability. (This situation includes a loss of employment where the individual is able to secure employment but at a significantly lower pay.)

Documentation Requested:

- Letter from employer verifying loss of employment and last date of employment.
- Last pay stub with year-to-date earnings. If re-employed, last pay stub from new employment.
- Current statement of unemployment benefits and documentation of length of eligibility.
- 2024 tax transcripts and completed projected earnings chart (below).
- Documentation of Workers' Comp and/or insurance payments due to disability and time period of benefit eligibility.

2024 Projected Earnings

	Earnings	Other Income*	Total
Student			
Parent(s)			
Grand Total			

*Other income may include child support received, gifts from friends or family, inheritance, insurance, etc.

☐ **Loss of child support**

Your parent who received child support in 2024 & has or will experience a loss of child support in 2026 or 2027. Monthly Amount received _____ Date support stopped or will stop _____

Documentation Requested:

- Verification of court-ordered cessation of child support and the date the support will cease (copy of divorce decree or actual court-order).

☐ **Extraordinary medical and dental expenses* not reimbursed by insurance** Your family had considerable medical and/or dental expenses in 2026 or 2027 not reimbursed by insurance.

Documentation Requested:

- Copies of applicable medical/dental bills.
- Explanation of benefits from the insurance company.

*Payments FOR insurance premiums are not allowed for appeal.

☐ **Separation or divorce**

Your parents have become separated/divorced since you filed your 2026-2027 FAFSA.

Documentation Requested:

- Legal separation papers, verification letter from attorney or copy of divorce decree
- W-2 of custodial parent.
- Documentation of court-ordered child support.

☐ **Death of wage earner**

Your parent(s) has passed away since you completed the 2026-2027 FAFSA.

Documentation Requested:

- Death certificate.
- W-2 of surviving parent.
- Verification of benefits to be received as a result of the death.

☐ **Tuition expense at private elementary/secondary school**

Younger siblings that will be attending private schools in the next academic calendar.

Documentation Requested:

- A statement of accounts of the institution they are attending to report the total cost of tuition billed to the families per student.

☐ **A lump sum payout/income that caused an increase in 2024 income that will not be a reoccurring event.**

Documentation Requested:

- Documentation verifying the amount and the cause of the income increase.

 **Other circumstance not described above. Please provide a letter of explanation and submit appropriate documentation.**

ADDITIONAL INFORMATION:

Please use the space below to explain any information on this form or expand upon your family's circumstances. Attach a separate document if more space is required.

Amount of additional financial assistance requested to meet 2026-2027 educational expenses: \$ _____

Additional financial assistance is determined on a case-by-case basis and may be in the form of a loan, employment, or scholarship. Submission of this form does not guarantee an adjustment or increase to your financial assistance.

STUDENT AND PARENT CERTIFICATION

I/We certify that the information provided on this form is accurate and complete as of this date. I/We understand that the request of a financial aid reevaluation is not guaranteed to result in a change to my financial aid eligibility and does not release me from payment of any balance due on my student account. I/We also understand that any revision based on this appeal information does not guarantee the same adjustments will be made in future semesters and/or academic years. Electronic signatures are not acceptable.

Student Signature: _____ Date: _____

Parent/Spouse: _____ Date: _____

Scan and submit this form and supporting documentation to: financialaid@hcc-nd.edu

Each person signing this form certifies that all the information reported on it is complete and correct. Falsely reporting or offering misleading information is considered fraud and will be reported to the Office of the Inspector General and may be punishable by fines, prison time or both.