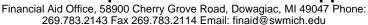


## Southwestern Michigan College

## **2025-2026 Special Circumstances Appeal**Financial Aid Office. 58900 Cherry Grove Road. Dowagiac. MI 49047 Phone:





Please Note: You must file the 2025-2026 Free Application for Federal Student Aid (FAFSA) before submitting this form. After your FAFSA is processed through the Department of Education, you will be contacted by our office to complete any additional documents that may be required. Once your financial aid file is considered to be complete by our office, you may then submit this appeal.

This appeal is used to request an adjustment to the income reported on the 2025-2026 Free Application for Federal Student Aid (FAFSA) due to a change in circumstances during the calendar year. Information obtained will be used to evaluate projected income in place of 2023 income from the FAFSA to determine if adjustments can be made that present a more accurate picture of your current family situation.

Only complete forms with appropriate documentation will be considered. Appeal process will take seven to ten days to complete. You may be required to schedule an appointment with the Financial Aid Office at the Dowagiac Campus in order to have your appeal reviewed. If you have any questions, or would like to make an appointment, call the Financial Aid Office at (269) 783-2143.

REASONS FOR THE APPEAL					
		N			
Student Name		Student Identification Number			
Detailed Explanation for Appe	al:				
, , , , , , , , , , , , , , , , , , , ,					
Please check all that apply:					
		A is no longer being earned			
☐ Student ☐ Parent	Effective Date:	Required Documentation:  • Letter from previous employer verifying last day of			
Spouse	/	employment and total gross earnings for 2025			
		<ul> <li>Copy of last pay stub from current job (if applicable) verifying current pay rate and year to date earnings</li> </ul>			
		(Needed for both parents/spouse if married)			
		<ul> <li>Verification of unemployment benefits (if applicable) verifying amounts earned in 2025 and benefits</li> </ul>			
		remaining			
		Other relevant documentation			
Loss of Other Income	Effective Date:	Required Documentation:			
Student Parent	1 1	Statement of benefits ending (e.g. Social Security)			
Spouse	/	Receipt and/or bank account information verifying			
		how one-time payment was used			
Type of Income Lost:(pension, IRA, settlement, etc)		Other relevant documentation			

## PROJECTED INCOME

In the spaces below, please provide year-to-date earnings for 2025 as provided on your accompanying documentation. Next, project your anticipated income through the end of 2025. Use your wage, unemployment documentation, etc. to estimate what wages and benefits will be received through the end of the year. Combine for total 2025 estimated income. If you are married you will include both your and your spouse's income in each of the fields.

married you will include both your and your spouse's income in each of the fields.							
Projected Income	Actual Earnings	Estimated Earnings	Total Estimated				
January 01, 2025	01/01/25—Today	Today—12/31/25	Earnings				
December 31, 2025		_	01/01/25—12/31/25				
Wages from Working							
Unemployment							
Income							
Social Security							
Income							
Child Support							
Other (List):							
CERTIFICATION STATEMENT: I certify that all information submitted with this request is true and complete to the							
best of my knowledge. It	f asked, I agree to provide	additional documentation to	the Financial Aid Office at				

best of my knowledge. If asked, I agree to provide additional documentation to the Financial Aid Office at Southwestern Michigan College. I understand that if I knowingly make a false statement or misrepresentation, further financial aid may be denied and repayment of current financial aid may be required.

Student Signature (Required)	Date	
Spouse/Parent Signature ( <i>Required</i> if they are the one with the loss of income)	Date	

	<b>2025</b> PRO	JECTIONS		
ADJUSTED GROSS INCOME	\$			
INCOME EARNED FROM WORK	\$			
INCOME TAX PAID	\$		TAX TABLE AGI %	
UNTAXED INCOME AMOUNTS	\$			
OTHER	\$			
HAVE REVIEWED THIS FORM AND ALL SU	BMITTED DOCUMENTATION	AND HEREBY <b>APPRO</b> '	VE DENY	THIS REQUES
Comments:				
			New EF	······································
			New EF	