

Occasionally, unusual circumstances exist that may warrant a review of your financial aid eligibility. These special circumstances will be reviewed on a case-by-case basis to determine how the situation warrants a change based on Federal guidelines. This form is for a change in the student or spouse information that was reported on an independent student FAFSA, and are the most commonly known instances that it could be reviewed for reconsideration of the Financial Aid Award package. Select as many circumstances that fit your situation and provide adequate supporting documentation. Each case will be reviewed by the Ross FA Leadership Team.

CHECK AS MANY AS APPLY:

[] **LOSS OF INCOME**

A student or their spouse has lost his/her job and is currently unemployed.

___ Student

Date of layoff/separation: _____

___ Spouse

Date of layoff/separation: _____

Have you started another job? ___ YES ___ NO If yes, date: _____

Documentation Required: letter of separation from employer, unemployment documentation or other proof of loss of income, a copy of last pay stub showing year-to-date gross income for all jobs worked for both student and spouse (if applicable), documentation of severance received or IRS disbursed.

[] **NEW DISABILITY OR NATURAL DISASTER**

A student or spouse has been unable to pursue normal income-producing activities because of a disability or natural disaster in 2022. *Date of disability or natural disaster:* ___/ ___/ ___

Documentation Required: proof of disability/natural disaster.

[] **CHANGE IN UNEMPLOYMENT COMPENSATION**

A student or spouse has received unemployment compensation or non-taxable income in 2021 and had a complete loss of those benefits. The non-taxable benefit must be paid by a public or private agency, a company or person due to a court order (e.g. Workers' Compensation, Disability and court ordered child support).

Benefit type _____

Awarded to (Name of family member) _____

Date Discontinued ___/ ___/ ___

Documentation Required: unemployment documentation or proof of loss of non-taxable income

[] **DEATH OF SPOUSE SINCE 2021**

The student's spouse has died after student submitted his/her FAFSA.

Name of relationship of deceased _____
Date of death ___/ ___/ ___

Documentation Required: copy of death certificate or obituary, W2 from 2021 of student

[] **SEPARATION of DIVORCE SINCE FILING FAFSA**

Please note that you must be residing in two separate households and provide documentation as such.

Date of separation/divorce: _____

Document below the new household size information and which dependents you will be supporting more than 50%.

Documentation Required: A copy of students most recent pay stub and copy of legal separation/divorce papers and documentation of spousal support and/or child support.

[] **LOSS OF CHILD SUPPORT REPORTED ON FAFSA:**

Name of Child: _____ Amount received in 2023: _____
Name of Child: _____ Amount received in 2023: _____
Name of Child: _____ Amount received in 2023: _____

Documentation Required: A copy of legal separation/divorce papers that specifies amount of child support, proof of when child support ended.

[] **OTHER SPECIAL CIRCUMSTANCES**

If there is another reason you are submitting this appeal, please provide a signed statement that explains the change in your financial or family situation and provide any supporting documentation. *The committee will review and follow up at their discretion.*

EXPECTED TOTAL INCOME AND BENEFITS

Use this form to document special circumstances for your change in household income received to date and to provide your best faith estimate of all sources of income for 2023. Please enter zero to indicate you do not have any types of taxable or untaxed income to report.

INCOME SOURCE	12 MONTH PROJECTED INCOME AMOUNT From 1/1/2023 - 12/31/2023
Students: Earned to date Parents: Earned to date	
Students: Projected until end of 2023 Parents: Projected until end of 2023	
Other taxable income:	

Child Support	
Workers' Compensation or Disability	
Other untaxed income and benefits	

HOUSEHOLD SIZE STATEMENT

Please list the names and ages of all the members of your household during the 2023-2024 academic year. Also please indicate family members who will be enrolled in college at least half-time during the 2023-2024 and which institution they are planning to attend.

Household includes yourself (the student), your spouse and any dependents who the student is supporting financially more than half of their support. Include other people only if they now live with you and you will provide more than half of their support and will continue to provide more than half of their support from July 1, 2023 to June 30, 2023.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time (Yes or No)
		Self	Ross Education	Yes

Student/Spouse Certification: I certify that the information provided is accurate. Upon request, I will provide any additional documentation as required to process my Professional Judgment request. If I fail to provide the requested documentation, I understand that my request may be denied.

I understand that by requesting a professional judgment determination, I may be selected for Federal V1 Financial Verification and will provide all documentation needed to clear the verification process.

STUDENT SIGNATURE

DATE

SPOUSE SIGNATURE (Optional)

DATE

Ross College
Ross Medical Education Center

Form 355 (01/21)