



2024-2025 UNUSUAL CIRCUMSTANCES FORM

Check one: New or Transfer Student Current Student

Student's Name _____ Student ID _____

Address _____

City _____ State _____ Zip _____

Phone _____

NOTE: BEFORE YOU CAN BE CONSIDERED FOR AN APPEAL, YOU MUST HAVE ALREADY FILED YOUR 2024-2025 FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) at <http://www.fafsa.gov/>.

STEP 1: UNUSUAL CIRCUMSTANCE REQUEST (This is rare and does not fit all student situations)

Note: **No action will be taken on this appeal until we have received all required documentation.**

Submit this form along with all requested supporting letters to the Financial Aid Office. Please be advised that the information contained in this form is held in the strictest confidence and will be used to determine the outcome of your request. The Financial Aid Administrator will make the final decision and it cannot be appealed.

Circumstances to which consideration **may** be given are as follows:

- You were removed from your parent's home due to an extreme situation that threatened your health and/or safety and due to these conditions, parental support was terminated.
- Abandonment or Incapacity of parent(s) such as incarceration, mental or physical illness or your inability to locate your parent(s).
- Other extenuating circumstances that can be sufficiently documented.

Circumstances to which consideration is **not** given are as follows:

- Parents refusing to contribute to your education.
- Parents unwilling to provide information on the Free Application for Federal Student Aid (FAFSA) or for verification.
- Parents not claiming you as a dependent for income tax purposes.
- Your demonstration of total self-sufficiency.

Documents required for review:

A. A personal letter from you explaining the reason for this request. Your letter should provide as much detail as possible describing your separation from your parents.

Please include the following information:

- The whereabouts of your biological or adoptive parents (depending on your situation) including their current living arrangements (if known).
- Your current living situation.
- The reason you cannot provide parental financial information on your FAFSA.
- Your name, student ID number, and signature.

B. Signed letters from two individuals who can attest to your situation. These letters must provide detailed information describing your separation from your parents. These persons must be able to provide statements from their own knowledge and/or awareness.

- One letter from a professional that is not related to you, for example a counselor, social worker, medical personnel, clergy, a state/county/tribal welfare agency, social services caseworker, a public or private agency, facility, or program servicing the victims of abuse, neglect, assault, or violence, or peace officer.
- A second letter from a family member (e.g., Grandparent, Uncle, Aunt, or sibling).
- Each letter must be signed and include the person's name, title or position, relationship to you, mailing address, and phone number. Submit this completed and signed form along with all supporting letters.
- If there is no family member, then the second letter/source can be obtained from an additional representative listed in examples above.

STEP 2: CERTIFICATION STATEMENT/SIGNATURES

I certify that all information and documentation that I have provided pertaining to this appeal is true and complete.

Student _____ Date _____

This appeal will be reviewed by the Financial Aid Office. You will be notified of the decision within 4 weeks of submitting this appeal. Required documentation must be attached to this appeal. Return completed form with attached documentation to the Financial Aid Office.

MAIL: Office of Financial Aid
The Christ College of Nursing and Health Sciences
2139 Auburn Ave
Cincinnati OH 45219

PHONE: 513-585-2403

FAX: 513-585-4001