2025-2026 SPECIAL CIRCUMSTANCES APPEAL FORM

Check one: ☐ New or Transfer Student ☐ Current Student

Student's Name _____ SS#_____

Address_____ Email_____

City _____ State_____ Zip _____ Phone ( )_____

NOTE: BEFORE YOU CAN BE CONSIDERED FOR AN APPEAL, YOU MUST HAVE ALREADY FILED YOUR 2025-2026 FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) at http://www.fafsa.gov/.

The Higher Education Act and associated federal regulations give financial aid administrators the authority to make adjustments to an individual student's federal aid application based on special circumstances within the household. The Christ College of Nursing and Health Sciences Office of Financial Aid will review and, when appropriate, adjust a student's institutional, state and federal aid when a student, spouse, or parent have demonstrated a decrease in income for 2024, 2025 or 2026. We reserve the right to delay review, until the end of the calendar year, any appeal where reasonable projections cannot be made.

STEP 1: AFFECTED PERSON(S)
Name(s) of person(s) whose income(s) have changed: _____

Indicate the above names person's relationship to you (check all that apply):
☐ Self ☐ Spouse ☐ Father/Step ☐ Mother/Step ☐ Other explain: _____

STEP 2: SPECIAL CIRCUMSTANCE REQUEST
Note: **No action will be taken on this appeal until we have received all required documentation.**
(2023 taxes may be required if not already provided through verification process.) Date of Change

☐ Death of parent or spouse ___/___/___
Go to Step 3

☐ Separation or ☐ Divorce ___/___/___
(School can update Income only, unless student is selected for verification. If selected by the federal processor for verification, school can update household size at time of verification)

☐ Loss/Change of job or decrease in work hours of current position ___/___/___
Required: *Last paystub for job lost (& paystub for additional jobs held, if any). Determination of Benefits Rights letter for unemployment benefits (& 2023 taxes if not already provided.)*

STEP 3: DEATH
If you have experienced a death of a parent after filing your 2025-2026 FAFSA, please complete the following:

Number in Household in 2025-2026: _____*

*Include persons for whom you/your custodial parent will provide more than half support for between July 1, 2025, and June 30, 2026, and persons who will attend college at least half-time (6 credit hours).

STEP 4: CERTIFICATION STATEMENT/SIGNATURES
I/We certify that all information and documentation that I/we have provided pertaining to this appeal is true and complete.

Student _____ Date_____ Spouse _____ Date_____

Parent's signature is required only if parent's information was provided above.

Father _____Date_____ Mother_____ 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