



# Southwestern Michigan College

## 2024-2025 Special Circumstances Appeal

Financial Aid Office, 58900 Cherry Grove Road, Dowagiac, MI 49047 Phone: 269.783.2143 Fax 269.783.2114 Email: finaid@swmich.edu



**Please Note: You must file the 2024-2025 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 2024-2025 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 2022 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

Student Name \_\_\_\_\_   N   Student Identification Number \_\_\_\_\_

Detailed Explanation for Appeal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please check all that apply:**

Loss of Employment: Income listed on the FAFSA is no longer being earned  
 Student Effective Date: \_\_\_\_\_ **Required Documentation:**  
 Parent \_\_\_\_\_  
 Spouse \_\_\_\_\_  
 • Letter from previous employer verifying last day of employment and total gross earnings for 2024  
 • Copy of last pay stub from current job (if applicable) verifying current pay rate and year to date earnings  
 • Verification of unemployment benefits (if applicable) verifying amounts earned in 2024 and benefits remaining  
 • Other relevant documentation

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 Loss of Other Income Effective Date: \_\_\_\_\_ **Required Documentation:**  
 Student \_\_\_\_\_  
 Parent \_\_\_\_\_  
 Spouse \_\_\_\_\_  
 • Statement of benefits ending (e.g. Social Security)  
 • Receipt and/or bank account information verifying how one-time payment was used  
 • Other relevant documentation

Type of Income Lost: \_\_\_\_\_  
(pension, IRA, settlement, etc)

