

Special Circumstance Appeal Form

Student I	Name	Roanoke College ID#
can make. can afford Applicatio captured	. We are committed to offering a high-qua. d Roanoke College. As a result, if your far on for Federal Student Aid (FAFSA), or yo	unds that financing a college education is a significant life investment families lity education and will do everything possible to ensure that you and your family mily's financial situation has changed since you filed the 2025/2026 Free our family has special circumstances affecting your ability to pay which are not our financial aid eligibility re-evaluated. Please follow the steps below to ensure
IDENTI	FICATION OF SPECIAL CIRUMS	STANCES
For your considere step in ful	convenience in explaining your situation, and in the past. Please review this list and c	ces on an individual basis and will make a determination as quickly as possible. below are some typical special circumstance categories that our office has theck the appropriate reason(s) for your request. We ask that you complete this sted documentation. Failure to supply ALL of the requested documentation will
_	bloyment: Unemployment must have occu t 20% of income.	arred at least 10 weeks prior to the submission of this form and resulted in a loss
7	The unemployment is for:	Relationship to student:
N	Name of former employer(s):	
1	Required documentation:	
a	Signed letter from employer on company l and date of separation. If you or your fam of separation for each employer	etterhead verifying separation from employment, the letter must include the date of hire ily member have been separated from more than one employer, you must submit a letter d 2025 income from all sources and estimated 2025 federal income tax to be paid. Be
		s well as unemployment wages, compensation packages, child support, social security
□ Divorc	e/Separation after the FAFSA has been	filed:
I	Required documentation:	
_	Copy of legal divorce decree or documental Letter addressing separation of income and	ation indicating separate residences from the US Postal Service d assets reported on the FAFSA
	e in employment/Reduction of Income: on of this form and resulted in a loss of at l	Changes in employment must have occurred at least 10 weeks prior to the least 20% of income.
Т	The change in employment is for:	Relationship to student:
ľ	Name of employer (s):	

Required documentation:

- a) An itemized list of your family's estimated 2025 income **from all sources** and estimated 2024 federal income tax to be paid. Be sure to include any wages earned to date as well as unemployment wages, compensation packages, child support, social security benefits, untaxed income, etc)
- b) If the change in employment is due to a reduction in hours worked, please provide documentation of the average number of hours worked and hourly rate of pay

☐ Death of a family men	mber after the FAFSA has been filed:	
Relationship of f	family member to student:	
sure to includ		
☐ Elementary or Second	dary Private School costs:	
Required docum a) A completed	nentation: "Sibling Enrollment Verification Form" (found online at www.roanoke.edu/finaid	forms)
☐ Parent educational co	osts:	
Required docum a) A completed	nentation: "Parent Enrollment Verification Form" (found online at www.roanoke.edu/finaidfe	orms)
☐ Medical/Dental Exper	nses: Medical and/or dental expenses not covered by insurance and PAID	in 2024 may be considered
	nentation: planation of the expenses ncelled checks, paid receipts of medical/dental payments or a 2024 Federal Schedul	le A
☐ Other (Please specify)	r):	
Required docum a) A detailed, wi	nentation: vritten explanation of the situation, along with relevant documentation	
also be faxed to (540) 375 be conducted. Submitting an increase in your finance	mailed to the attention of the Financial Aid Office at 221 College Lane, 75-2267. All requested documentation must be received before a review of g this form along with the appropriate tax returns and supporting document cial aid eligibility. If you have further questions about this form or your final Office at (540) 375-2235.	your financial aid package will tation may or may not result in
STEP 3: SIGNATUR	RES AND CERTIFICATION OF ACCURACY	
I/We certify that the information be fined \$10,000, sent to p	rmation provided on this form is true and correct. If I purposely give false of prison, or both.	or misleading information, I may
Student Signature		Date
Parent Signature (for de	ependent students only)	Date