

Special Circumstance Appeal Form

Name:	AU ID#
•	ged from the amounts reported on your FAFSA, the financial plete this form to help us better understand your current
Financial Aid Office (FAO) will reach out to	se email your request to financialaid.au@antioch.edu. The you and discuss necessary documentation after initial review numstances will not have a positive impact on your aid the request.
Indicate the circumstances surrounding Loss of Income (Decrease in pay or loss Dependent care expenses(Elementary of Medical and dental expenses (not cover Other (please explain)	of employment, Divorce, Death or Separation) or Secondary tuition, childcare)
2. Please complete this section if you have	e experienced a loss of income.

Type of lost income	Income loss	Recommended Documentation
	\$	Work Termination Letter
	\$	Work statement indicating last day
	\$	
	•	
Type of any Current Income	Monthly Cost	Recommended Documentation
	\$	Pay Stub with year-to-date amount
	\$	Unemployment monthly statement
Estimated Annual Income	Monthly Cost	Recommended Documentation
	\$	Most recent paystub
Dependent Care Expense	Monthly cost	Recommended Documentation
	\$	Bill or service agreement
	•	•
Medical Expenses	Monthly Cost	Recommended Documentation



3. Please explain the situation below (attach additional page 1)	age if necessary):
4. I certify that the information provided herein is true an Furthermore, I understand that the FAO may reach out at addition to what is listed as the required in Step 2. Should documentation for this ppeal (as determined by the FAO) denied.	nd request additional documentation in d I fail to provide adequate supporting
Signature:	Date