

NAME

Purchase ID

The deadline to submit an appeal is April 15th, 2027.

1. Completing this form does **NOT** guarantee that there will be changes made to your financial aid package. This process is entirely manual and reviewed on a first-come, first-served basis. As a result, the timing for a final determination to your appeal may vary.
2. If the household's current or projected income **remains at or above \$100,000** it is unlikely that an appeal will change your financial aid package.
3. Excelsior Scholarship funding will be **reduced** by any Federal Pell Grant funding awarded as a result of this appeal.
4. A student who already has a zero or a low Expected Family Contribution (EFC), a graduate student or a student working towards a 2nd bachelor's degree may not gain any additional financial aid eligibility.
5. If your situation is already reflected on the FAFSA (ex: divorce/separation), we cannot consider your request.

Circumstances that cannot be considered:

- Parents refusing to help pay for college
- Home equity, IRA, 403B, and 401K loans
- Consumer debt, mortgage or rent
- Car payments or car insurance
- Medical insurance premiums
- Reduction in overtime pay
- Individual medical/dental bills or statements
- Tuition paid for other household members in college
- One year bonus income(s) (ex. lottery or gambling winnings)
- Bankruptcy or income reductions from proceedings
- Unusual personal expenses (ex, wedding expenses, loan payments, legal expenses, home repairs, etc.)

Required documents before an appeal any appeal will be considered:

- ☐ **2026-2027 FAFSA application** (<https://studentaid.ed.gov/sa/fafsa>)
- ☐ **2026-2027 Standard Verification Form**
 - Please select the appropriate form based on your dependency status for the FAFSA.
 - The document may be found online at: www.purchase.edu/FinancialServices
- ☐ **2024 Signed copy of the Federal Tax Return or A Tax Return Transcript from the IRS ****
 - Request Transcript from IRS at: <https://www.irs.gov/individuals/get-transcript>
- ☐ **2025 Signed copy of the Federal Tax Return or A Tax Return Transcript from the IRS ****
 - Request Tax Return Transcript from IRS at: <https://www.irs.gov/individuals/get-transcript> ☐
- ☐ **2024 W-2 Form(s)**
 - Parent(s) and student (and/or spouse's W-2 form(s) if applicable).
- ☐ **2025 W-2 Form(s)**
 - Parent(s) and student (and/or spouse's W-2 form(s) if applicable).
- ☐ **Students applying for Special Circumstances after January 1st, 2027.**
 - Provide 2026 tax information and 2026 W-2 forms.



2026-2027 Special Circumstances Form

Indicate your appeal reason below & provide proof as described:

- ☐ **Unemployment or Change in employment.**
 - Documentation of Unemployment Compensation (if applicable)
 - Letter of Termination on company letterhead. Documents **not** provided on company letterhead **must** be notarized.
 - If still employed at job, you *must* wait until termination or job change is effective to provide above documentation.
- ☐ **Medical and/or Dental expenses not covered by insurance.**
 - Schedule A from Federal Tax Return for the specific year that you are completing this appeal for.
- ☐ **Death of a Spouse or Parent from 2024 to Present.**
 - Provide a copy of the Death Certificate
- ☐ **Tuition paid for another child in Primary or Secondary education (K-12)**
 - Provide proof of payment to child's school
- ☐ **One- Time Income**
 - Documentation showing source and amount of one-time income
 - Signed One-Time Income Form that shows how the funds were spent and why the funds are not available
- ☐ **Other loss of Income-** (Not including loss of untaxed income such as Social Security benefits)
 - Examples are: alimony, child support, retirement/pension, worker's compensation, etc.
 - Documentation of payment(s) received (must display total amount received and date payment(s) became effective)

Explain the reason for submitting this appeal. Attach additional pages if necessary.

[illegible]

Please use the chart below to estimate your income for 2026.

Do not leave ANY spaces blank; If it does not apply or the answer is \$0 - please indicate this.

Estimated Income from January 2026 - December 202	Father	Mother	Student	Spouse (if applicable)
Wages, Salaries, Tips				
Interest and/or Divided Income				
Business/Farm Income				
Unemployment Compensation				
Workers Compensation				
Pension and/or Annuities				
Severance Pay				
Retirement Benefits				
Disability Benefits				
Social Security Benefits (taxable)				
Child Support Received				
Alimony/Spousal Support				
Other income				
Total	\$	\$	\$	\$

Signatures

By signing this document, we certify that all information reported in support of the student's application for financial assistance is complete and accurate. The documented information provided may be used to make changes to the 2025-2026 FAFSA.

STUDENT:

Printed Name

Signature

Date

PARENT:

Printed Name

Signature

Date

SPOUSE:

(if applicable)

Printed Name

Signature

Date