



2019-2020 Appeal for Special Financial Consideration

Deadline for returning this form is April 1, 2020

We understand that sometimes there are special financial circumstances that are not reflected on your FAFSA and do not accurately show your current financial situation. It may be possible to take these circumstances into account, when appropriate and sufficient third party documentation is provided, through a process called Professional Judgement (PJ). The Financial Aid Office will carefully review your appeal within 30 days of receipt of all required information and you will be notified of the decision in writing. Please be aware that, even though this appeal may lower your Expected Family Contribution (EFC), it may not result in additional financial aid.

Supply the following for all requests:

1. Completed 2019-2020 Appeal for Special Financial Consideration form
2. Attach a detailed but concise statement of the circumstances leading to the request (who, why, when)
3. Completed 2019-20 Verification Worksheet (available at: <http://rocky.edu/admissions/financial-aid-scholarships/Forms.php>)
4. 2017 and 2018 IRS Tax Return Transcripts for your parent(s) if dependent and/or yourself (and your spouse if married)
5. All documentation pertaining to each specific circumstance checked below

Income will be significantly less than what is reported on the FAFSA due to (check all that apply):

1. ___ Involuntary reduction in parent, student, or spouse employment in 2018 or unemployment for at least 10 weeks in 2019. As a general rule, the projected income should be at least 20% less than 2017 income before submitting documentation.
 - If 2018 income will be used: 2018 IRS Tax Return Transcript
 - If 2019 income will be used: a copy of the last pay stub;
 - Letter from previous employer indicating last day of employment;
 - Copy of unemployment letter indicating monthly unemployment compensation, and
 - Complete the worksheet on the reverse side of this form estimating your 2019 income
2. ___ Loss of untaxed income such as Child Support, Worker's Compensation, etc. for at least 10 weeks.
 - Written statement from appropriate agency showing loss of benefit and termination date
3. ___ Death of parent or spouse after submission of your 2019-20 FAFSA
 - Copy of death certificate or obituary
 - Copies of all parent or student and spouse 2017 W-2s
4. ___ Divorce or legal separation after submission of your 2019-20 FAFSA
 - Copy of divorce decree or proof of separation (e.g. court order, statement from attorney or clergy)
 - Documentation of expected child and/or spousal support payments
5. ___ Unusual or excessive medical, dental, vision, prescription expenses paid in 2017 or 2018 that exceeds 10% of the adjusted gross income reported on the federal income tax return. Only one year's expenses can be considered. Expenses must be paid out-of-pocket (not covered by insurance, or a FSA or a HSA account). Elective cosmetic or elective dental expenses are not considered.
 - Enclose receipts and detailed listing of expenses already paid in 2017 or 2018. Please total all items.
 - Schedule A from 2017 or 2018 federal income tax returns
6. ___ Private tuition expenses at an elementary or secondary school for other children in the household during the 2019-2020 academic year.
 - Enclose an official tuition statement/invoice reflecting actual charges paid/due for the 2019-20 academic year reflecting financial aid awarded along with documentation of tuition payments paid for each student.
7. ___ Atypical one-time taxable income such as a capital gain, 401K disbursement, or moving expenses reflected on a 2017 federal income tax return. Lottery, gambling, bonus, or overtime income will not be considered.
 - Statement indicating nature of earnings
 - Documentation to show what the funds were used for. Lifestyle choice costs (e.g. vacations) are not considered.
 - 1099-R or statement showing amount received

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Expected 2019 Income: Complete this section if you checked #1 on the front of this form. Do your best to estimate income expected from January 1, 2019 through December 31, 2019. If you did not check #1, skip this section and sign and date the form below.

➤ Attach documentation (e.g. current pay stubs, unemployment letter, etc.) to support each amount reported below.

2019 expected annual income	Father (if student is dependent)	Mother (if student is dependent)	Student (if student is independent)	Spouse (if student is married)
TAXABLE INCOME				
Income Earned From Work	\$	\$	\$	\$
Unemployment compensation	\$	\$	\$	\$
Severance Pay	\$	\$	\$	\$
Business, Farm, or Rental Income	\$	\$	\$	\$
Dividends, Interest, Capital Gains, etc.	\$	\$	\$	\$
Taxed Withdrawal from Retirement Acct	\$	\$	\$	\$
Other (specify)	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
UNTAXED INCOME				
Child Support	\$	\$	\$	\$
Workers' Compensation	\$	\$	\$	\$
Disability (not Social Security)	\$	\$	\$	\$
Untaxed IRA/Pension Distribution	\$	\$	\$	\$
Any other untaxed income (specify)	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

Reminder: Please be sure to submit all required supporting documentation items with this appeal form (detailed but concise statement of the circumstances, completed 2019-20 Verification Worksheet, 2017 and 2018 IRS Tax Return Transcripts, all required documentation listed for each item checked). **Missing items will delay processing.**

Certification and Signatures:

I/we certify that all information provided by me or any other person on this form is true and complete to the best of my knowledge. I/we understand that this appeal will not be reviewed until all required documentation is submitted and my 2019-20 FAFSA is on file with Rocky Mountain College. I/we understand further documentation may be needed by the Financial Aid Office staff in addition to those listed. Decisions are made on an annual and case-by-case basis. Any PJ decisions are final and apply only to Rocky Mountain College. Please note if you purposely give false or misleading information, you may be fined, imprisoned, or both.

Student Name (please print): _____

Last, First, MI

Date: ____/____/____

Student Signature

Daytime/Cell phone: (____) _____ Contact email: _____

Date: ____/____/____

Parent Signature (If student is dependent)

If you have any questions regarding this form please contact the Financial Aid Office at 800.877.6259, ext. 1031 or 406.657.1031. Return this form and all supporting documentation to: Rocky Mountain College Financial Aid Office, 1511 Poly Drive, Billings, MT 59102. Email: finaid@rocky.edu. Fax: 406.657.1189.