



# 2023-2024 Academic Year Special Circumstance Appeal Form BYU–Hawaii Financial Aid & Scholarships

Special Circumstances

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

All items in bold are **REQUIRED** in order for your petition to be reviewed. Please contact Financial Aid & Scholarships at (808) 675-3316 or [financialaid@byuh.edu](mailto:financialaid@byuh.edu) to determine if you need to submit any additional documentation below. We cannot process your request until you submit **ALL** necessary documents. Please note that you may be asked to submit additional information upon request.

**Complete the 2023-2024 Verification Worksheet** (available online at <https://financialaid.byuh.edu/forms-for-download>)

**A copy of your 2021 IRS tax return transcripts** for student and parents if dependent OR student and spouse if married.

**A signed letter of explanation telling your current circumstances versus the previous year.**

**Proof of situation.** Examples include: unemployment benefit statement, retired or termination notice, memo/letter from employer regarding change or reduction in employment, physician's statement, lawyer's statement regarding separation, court statements regarding divorce or termination notice, death certificate, or obituary notice.

**Project your income and expenses for 2021.** Income should include wages, business and farm income, child/alimony support and social security benefits, pensions and annuities, etc. Expenses should include living, personal, educational, etc. Please show your work for how you determined the projected income expense. Please show your work for how you determined the projected income and expenses.

**Year to date income** (payroll notification or check stubs) from all **2021** employers for student and parents if dependent OR student and spouse if married.

**If unemployed**, benefits or workman's compensation received including statement showing total benefits received for **2021**.

**If additional income**, signed statement identifying other income and the amount received in **2021**.

**2021 W-2** statements from all employers for the student and parents (if dependent) or spouse (if married and not separated or divorced).

Eligible noncitizens must meet with a financial aid counselor to determine the need for other documents ie. I-94, I-551, I-571, or I.327.

Financial need is normally based on each student's and their family's annual gross income for prior prior tax year. If your income has decreased or you have special circumstances that were not taken into account on your FAFSA, we may be able to re-evaluate your financial need based on your projected gross income or the current academic year

If we are able to make adjustments to your application, we will submit these corrections to the Department of Education. If you qualify for additional aid based on your adjusted financial need, we will award the additional aid when the correction process is complete. The entire process is usually completed by three weeks from submission but can take longer. To ensure you receive a decision for a particular semester, your petition should be submitted two weeks prior to your last day of attendance of that semester.

**Circumstances we may consider:**

- Unemployment or change in employment
- Unusual medical and dental expenses
- Excessive debt related to business loss or unemployment
- Non-recurring income
- Separation, divorce, disability, or death

**Ineligible Circumstances:** We cannot make adjustments for any of the following circumstance:

- Car payments or car insurance
- Consumer debt (credit cards)
- Chapter 7 personal bankruptcy
- Mortgages and rent (unless you are maintaining 2 or more households)
- Home equity, IRA 403B and 401K loans
- Parents will not help pay for college
- Family missionary expenses

**Independent students:**

You must only provide information for yourself and your spouse (if married).

**Dependent students:**

You must provide information for yourself and your parents.

**Certification**

*By signing below, I certify that the information on this form and all attached documentation is true and complete to the best of my knowledge. I waive my rights to the Family Education Rights and Privacy Act regarding supporting documentation for this petition.*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If applicable)

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If applicable)

<b>**Office Use Only**</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Hold <input type="checkbox"/> No action taken	
Comments:	
Date:	Committee: