



### Independent Student Special Conditions Appeal Form: Permanent and Total Disability

Student's Name: \_\_\_\_\_

Student's ID #: \_\_\_\_\_

Financial Aid Office Use Only	
Date _____	
Approved _____	Denied _____
Signatures _____	
_____	_____
_____	_____
_____	_____

#### Appeal Deadline

Complete appeals for the 2020-2021 academic year must be received by May 1, 2021.

If your family has experienced significant changes in income that occurred **on or after 01/01/2019** and which merit recalculating your financial aid eligibility based on your projected annual 2020 income rather than the federally-required 2018 income, please complete this form. You must be able to document that the reduction of income has occurred for a period of *at least ten weeks prior* to submitting the appeal.

Before your appeal can be considered, your 2020-2021 Free Application for Federal Student Aid (FAFSA) must be completed and all required documents must be submitted. UMGC is held accountable for all decisions made and must be able to fully document why a decision was made to adjust a student's FAFSA. **If an appeal is incomplete, it will not be reviewed.** Submission of an appeal does not guarantee approval of an appeal. Additionally, approval of an appeal does not guarantee receipt of additional aid. You are responsible for all outstanding charges with UMGC.

**Required Documents:** If a document listed below is not applicable to your situation, please submit a signed statement indicating why you do not have the document.

1. Completed appeal form – both pages
2. A typed statement that explains your circumstances in detail – must be signed by hand and dated
3. [2018 Tax Return Transcript](#) for student  
[2018 Tax Return Transcript](#) for spouse (if applicable)
4. [2018 Wage and Income Transcript](#) for student  
[2018 Wage and Income Transcript](#) for spouse (if applicable)
5. The final / most recent 2020 pay-stubs for all members of your household (as defined in Part 3)
6. Termination notice(s) from employer(s) or letter(s) of resignation
7. Disability benefits statement(s) from the Social Security Administration

**INSTRUCTIONS:** Please provide all information requested in the following sections. If any are left incomplete, your appeal will not be reviewed.

**Part 1:** List all asset information as of the date you initially filed your 2020-2021 FAFSA:

Total cash, savings, and checking account balance(s): \$ \_\_\_\_\_

**Part 2:** List all projected annual income and benefits from January 1, 2020 to December 31, 2020.

<b>SOURCE OF INCOME (projected until end of the year)</b>	<b>STUDENT</b>	<b>SPOUSE</b>
Wages, salaries, tips (including severance pay)	\$	\$
Pensions and Annuities	\$	\$
Interest and /or Dividend Income	\$	\$
Business/farm Income	\$	\$
Unemployment Compensation	\$	\$
Alimony	\$	\$
Social Security/SSI Benefits	\$	\$
Workers Compensation	\$	\$
Disability Benefits	\$	\$
Retirement Benefits	\$	\$
Child Support	\$	\$
Welfare Benefits/ TANF	\$	\$
Other Untaxed Income	\$	\$
<b>TOTAL INCOME</b>	\$	\$

**Part 3:** Please complete the following chart by listing all members of your household. Include the name of the college for any household member who will be enrolled at least half-time in a degree or certificate program at a postsecondary educational institution any time between July 1, 2020 and June 30, 2021. If additional space is needed, use an extra page. The definition of “household” includes:

- Yourself
- Your children -- even if they do not live with you -- if you will provide more than half of their financial support from July 1, 2020 to June 30, 2021, or if they would be required to provide parental information if they were completing their own FAFSA for 2020–2021.
- Other people who now live with you, if you provide more than half of their support and will continue to provide more than half of their support through June 30, 2021.

<b>Full Name</b>	<b>Age</b>	<b>Relationship</b>	<b>College (student will be enrolled at least half-time)</b>
		<i>Self</i>	<i>University of Maryland Global Campus</i>

**STATEMENT OF CERTIFICATION**

All of the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide further documentation to substantiate the information provided. I understand that all special circumstances are reviewed on a case-by-case basis and this written request does not guarantee approval and/or may not ultimately result in an actual change to the financial aid already offered. All persons providing information must sign below.

Student’s Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(must be signed by hand, not typed)*