



## SPECIAL CIRCUMSTANCES APPEAL 2024-2025

**Financial Aid Office**  
 Phone: (208) 524-3000 ext.7  
 Toll Free: 1-800-662-0261  
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[financial.aid@cei.edu](mailto:financial.aid@cei.edu)

1600 S. 25<sup>th</sup> E. Idaho Falls, Idaho 83404

Student First Name	Student Last Name	Student ID	Last 4 SSN	Phone Number
			XXX-XX	

The Higher Education Act and related federal regulations allow financial aid administrators to modify a student's federal aid application if the household's circumstances do not accurately reflect the student's financial situation. The Financial Aid Office will review, and if necessary, adjust the application, federal, state and institutional aid. We reserve the right to delay, until the end of the calendar year, review of any appeal where reasonable projections cannot be made. This appeal and all required documentation must be submitted no later than 30 days prior to the end of the enrollment period.

- ❖ **Projected income (2024) will only be accepted from July 1, 2024-November 30, 2024.**
- ❖ **Please allow 3-4 weeks for processing. *Incomplete forms will not be processed.***

**Dependent Students:** *You must provide information for yourself and your parent(s), if applicable.*  
**Independent Students:** *You must provide information for yourself and your spouse (if married).*

Examples of circumstances that may be considered for appeal:	Examples of circumstances that will <u>not</u> be consider for appeal:
<ul style="list-style-type: none"> <li>Unemployment, reduction of income</li> <li>Unusual medical or dental expenses</li> <li>Excessive debt related to business or unemployment</li> <li>Non-recurring income</li> <li>Divorce, separation, marriage, death, or disability</li> </ul>	<ul style="list-style-type: none"> <li>Car payments or car insurance</li> <li>Consumer debt (credit cards)</li> <li>Mortgages and rent, Home equity loans</li> <li>"Parents will not help pay for college"</li> </ul>

**SECTION 1: Student Instructions and Checklist- Submit the following information:**

- I, the student, have completed the **2024-2025 [Free Application for Federal Aid \(FAFSA\)](#)** and I have received a financial aid offer from CEI before submitting this appeal. My financial aid offer is available on Self- Service.
- Complete the **Statement of Explanation** in **Section 2**, indicating the person(s), reason(s) for reduction in income or reasons for consideration of a circumstance. Attach any required supporting documentation.
- Please list the name(s) of the person(s) with the special circumstance(s), and their relationship to the student:  
 \_\_\_\_\_ Relationship: \_\_\_\_\_
- Complete the **2024-2025 Verification Form**, attach to appeal. <https://www.cei.edu/financial-aid-forms>
  - Provide 2022 IRS Federal Tax Return Transcript(s), 2022 W-2 (wage statements) for the student, spouse {if married} or the student and parent(s) {if dependent}. \*\*\*Tax transcripts can be obtained from the IRS at <http://www.irs.gov/Individuals/Get-Transcript> or by calling 1-800-908-9946.
  - **After 11/30/2024**, I understand I must submit a, signed 2024 IRS Federal Tax Return and 2024 W-2 (wage statements) for the student, spouse {if married} or the student and parent(s) {if dependent}.
- Schedule an in-person or phone appointment with a Financial Aid Advisor**, call or come into the Financial Aid Office at (208)524-3000 ext.7, located in John E. Christofferson Building #3 to schedule an appointment.  
 Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

***You must bring your completed special circumstance form and required documentation to your appointment. This special circumstances will not be considered unless all adequate, appropriate documentation is provided.***

**WARNING: If you purposely provide false or misleading information, you may be subject to a fine, imprisonment, or both.**

<b>Financial Aid Office Use Only</b>		Received By: _____	Date Received: _____	Documents Received: <input type="checkbox"/>
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Not eligible	<input type="checkbox"/> Pending	
Current SAI: _____		New SAI: _____		Processed By: _____
CPS Correction: <input type="checkbox"/> Date: _____		Prior Special Circumstance: Yes <input type="checkbox"/> No <input type="checkbox"/>		Awarded <input type="checkbox"/> Date: _____
Email notification <input type="checkbox"/>				
Comments: _____				

**SECTION 2: Explanation of Special Circumstance request for 2024-2025.**

*Please provide a narrative detailing the circumstance(s) that are leading to this request.*

*Include specific information, applicable dates, clearly identify the person(s) to whom the circumstance refers.*

*Attach supporting documentation.*


**Student Certification:** By signing this form,

- I give permission to the Financial Aid Office to verify any information that I provide on this form. I understand that this verification may include a request for my tax documents and other documents as requested.
- I certify that all of the information provided on this form is correct to the best of my knowledge.
- I understand that if I purposely give false or misleading information on this form, I am liable for cancellation or repayment of all or part of my financial aid.
- I understand that reporting a Special Circumstance does not guarantee a recalculation of my Student Aid Index (SAI), Cost of Attendance, and/or an increase in financial aid funding.
- I understand, that if I have been selected for verification, I must complete the verification process before this special circumstance appeal or any requests for professional judgment will be reviewed.
- I understand the decision of this appeal is final.

**Certification:** The person signing below certifies that all of the information is reported complete and correct.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If applicable-dependent students)

**WARNING: If you purposely provide false or misleading information, you may be subject to a fine, imprisonment, or both.**

**SECTION 3: Please indicate the reason(s) for the appeal by checking the appropriate option(s) from 1-5, of this page, mark all boxes that apply. Complete the requirements in the applicable section(s) of this page. Each option will provide some examples of appropriate documentation that may be required, documentation is not limited to the examples provided. Documentation provided must include student and spouse if married or parent(s) if dependent and applicable.**

**1. Significant Change in Income-**

Please check *one* of the following and provide documentation to support:

**Significant Change in Income Between 2022 Taxes and 2023 Taxes.**

- Provide a copy of 2023 IRS Tax Return Transcripts. Provide 2023 W-2(s) (wage statement)

**Significant Change in Income between 2022 and Projected Year 2024 Income:**

- Provide statement(s) of all actual Year-To-Date income from all employers starting January 1, 2024 to Today. (e.g. most recent or final pay stubs, W-2 forms, a letter from employer stating total earnings and future income, proof of unemployment, etc.)
- Complete Section 4 for Projected Income Only.

\*\*\*Appeals submitted after **November 30, 2024** will require a copy of the 2024 IRS Tax Return Transcript & 2024 W-2's.

**Examples of Additional Documentation:**

- Loss of income from work (e.g., layoff, termination, quit, reduced employment, business closure)- Provide a letter from employer stating effective date and anticipated return (if applicable), termination letter, documentation from unemployment office.
- Loss of unemployment, disability, taxable income (e.g., alimony)- Provide documentation to support (e.g., court documents with termination date of benefit, statement showing total benefits received, letter from the unemployment office stating termination date of benefit).
- Loss of untaxed income (e.g., child support, workers compensation) - Provide a letter or court documents with termination date of benefit, statement showing total benefits received and termination date.

**2. Change in Marital Status:**

Please check one of the following:

- Divorce    Separation    Widowed    Marriage

Date of marital status change:

\_\_\_\_\_   
 MM/DD/YYYY

**Examples of Documentation:**

- Copy of divorce decree, separation order or if no legal documents are available, provide proof of separate residence, (e.g.; lease, rental agreement, mortgage statement, utility bill, etc).
- Copy of death certificate, marriage certificate, wage statement(s) W-2 form(s).
- Provide copies of 2022 Federal Tax Return Transcript for student, spouse and/or parent(s), (if applicable).

**3. One-Time Income:**

Received one-time income that is not reflective of your annual income (e.g., inheritance, moving expense allowance, back year Social Security payments, lump sum retirement or IRA distribution, etc.).

Attach documentation that identifies the source and amount of income and itemize how the funds were spent or invested.

**4. Unusual Expenses Paid:**

**Medical, dental, or nursing home expenses:** You have paid out-of-pocket, excessive medical, dental, or nursing home expenses for the 2022 calendar year that are not covered by insurance.

**Examples of Documentation:** If you itemized deductions (Schedule A) provide a signed copy of your Federal Tax Return. If you did not itemize deductions, provide proof of payment. Provide an itemized spreadsheet that totals expenses, with documentation supporting listed expenses not covered by insurance, Health Savings or Flexible Spending Account and amount paid by insurance in 2022.

**Elementary and secondary tuition paid**

You have paid for tuition in the 2022 calendar year for dependents (e.g., elementary, junior high, and/or high school)

**Examples of Documentation:** Provide a letter from the school stating the amount paid from January- December 2022.

**5. Other:**

Please explain in Section 2, detailing the circumstances that are leading to this appeal request. Provide any appropriate documentation supporting those circumstances.

**SECTION 4: COMPLETE for 2024 PROJECTED INCOME ONLY (Please mark zero or NA for items that do not apply)**

Report all income you have actually received from January 1, 2024 through today. Then estimate all income you expect to receive from today through December 31, 2024.

**YOU MUST ATTACH DOCUMENTATION OF ALL ACTUAL INCOME.** For acceptable documents see Section 3.

**After November 30, 2024:** Submit a signed copy of your **2024 Federal Tax Return and 2024 W-2's**, complete only the actual column.

<b>Taxable Income for January 1, 2024 to December 31, 2024</b> Report student and spouse's income (if married) or parent(s) (if applicable).	<b>Actual Income Received (Jan. 1, 2024 to Today)</b>	<b>Estimated Income (Today to Dec. 31, 2024)</b>	<b>Total Income Received for (Actual + Estimated)</b>
Expected 2024 income earned from work by <b>student or parent</b> , if applicable. (wages, salaries, include severance pay, disability, business/ farm income, or any other income from work). <b>Specify Source of income:</b> _____			
Expected 2024 income earned from work by <b>spouse or parent spouse</b> , if applicable. (wages, salaries, include severance pay, disability, business/ farm income, or any other income from work). <b>Specify Source of income:</b> _____			
Other taxable income: (social security benefits, unemployment compensation, interest income & dividends, IRA distributions (excluding rollovers), pensions, annuities, alimony, capital gains, rental income, etc.) <b>Specify Source of income on attached statement notating the calculation of these figures.</b>			
<b>Total Taxed Income for 2024:</b>			
<b>Untaxed Income for January 1, 2024 to December 31, 2024</b>	<b>Actual</b>	<b>Estimated</b>	<b>Total Income</b>
Other Untaxed Income: (workers compensation, disability, payments to tax-deferred pension & savings plans, IRA deductions & payments: (to self-employed SEP, SIMPLE, Keogh), tax exempt interest income, untaxed portions of pensions, annuities & IRA distributions, Veteran's Non-Educational Benefits, etc.) <b>Specify Source of income on attached statement notating the calculation of these figures.</b>			
Child support received for all children. Do not include foster care/adoption payments.			
Housing, food, and other living allowances paid to members of the military, clergy and others (including cash payments and cash values of benefits).			
Money received, or paid on your behalf (e.g., bills, rent, car payment), not reported elsewhere on this form.			
<b>Total Untaxed Income for 2024:</b>			
<b>Additional Financial Information</b>	<b>Actual</b>		
Total of Cash, Savings and Checking Accounts:			
Net worth of Current Investments:			
Net worth of Business/ Investment Farms:			
Child Support <b>paid</b> during 2024			
Taxable earnings from Federal Work-Study or other need-based work programs:			

**Financial Aid Office Use Only:**

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