



NAME _____ SOC SEC # _____ ID _____

ADDRESS _____ PHONE _____

CITY, STATE, ZIP _____

NOTE: Appeals will NOT be considered until appropriate documentation and this form are submitted to the Financial Aid Office

SPECIAL CIRCUMSTANCE (check appropriate category)

- _____ Student or student's spouse earned money in 2021 or 2022 and is no longer employed.
***submit documentation type #1 , #2 and #8 (described below)**
- _____ Student or student's spouse earned money in 2021 or 2022 and has been unable to earn money in his/her usual way now due to a disability, natural disaster, or a job change.
*** submit documentation type #1, #2 and #3 (for disability only) (described below)**
- _____ Student or student's spouse received an untaxed benefit in 2021 or 2022 (such as child support), and has completely lost that income.
*** submit documentation type #4 (described below)**
- _____ The student has already applied for financial aid and has divorced or separated since that time.
*** submit documentation type #1, #2 and #5 (described below)**
- _____ The student has already applied for financial aid and a spouse has died since that time.
*** submit documentation type #1, #2 and #6 (described below)**
- _____ The student has paid more than 11% of the total income in non-reimbursed medical expenses in 2021 OR in 2022.
***submit documentation type #1 and #7 (described below)**

DOCUMENTATION REQUIRED (MUST be submitted)

TYPE #1 Signed copies of your 2021 and 2022 federal income tax returns (pages 1 and 2), including Schedules 1, 2, and 3 (if applicable)	TYPE #2 copies of the most recent pay stubs from ALL student's (and spouse's) employers showing date of that pay period, amount earned that period, and YTD amount earned
TYPE #3 a letter from the physician stating type of disability, date of diagnosis and anticipated length of recovery time	TYPE #4 a letter from the appropriate public agency stating type of benefits terminated, date of termination and total amount expected
TYPE #5 a copy of the court order showing date of divorce or separation and verification of separate addresses	TYPE #6 a copy of the death certificate or newspaper obituary showing the date of the spouse's death
TYPE #7 a copy of the schedule A from the 2021 federal tax transcript if expenses were paid in 2021 OR copies of receipts showing medical and dental expenses actually paid PERSONALLY in 2022 and not reimbursed	TYPE #8 a copy of unemployment benefits statement (showing benefit amount and benefit start date) if student or spouse is receiving any benefits OR denial of benefits statement
OTHER	OTHER

(please continue answering the remaining questions on the reverse side of this form)

PLEASE EXPLAIN THE NATURE OF YOUR APPEAL AND YOUR LOSS OF INCOME: (Must be completed)

STATEMENT AND CERTIFICATION:

I (we) hereby certify that all information reported on this form is true and correct to the best of my (our) knowledge. If this form is submitted after January 1, 2023, I have attached all 2022 W-2's. I (we) understand that the penalty for providing false or misleading information is a \$20,000 fine, a prison sentence, or both.

Student Signature _____

Date _____

Spouse Signature _____

Date _____

PRINT THIS FORM AND SUBMIT WITH REQUIRED DOCUMENTATION TO:

MALONE UNIVERSITY
Financial Aid Office
2600 Cleveland Ave. N.W.
Canton, OH 44709
330-471-8435 phone
330-471-8652 fax