FINANCIAL AID & SCHOLARSHIPS OFFICE

2026-2027 Special Circumstances Appeal

Use the ***Secure Document Uploader* in Pathway to submit your forms quickly and securely!**
Use Document Type: **Special Circumstance Appeal**

Please use this form to document changes that have occurred in your family's financial situation for the current academic year. This form allows for a review of circumstances that were not considered when you completed the Free Application for Federal Student Aid (FAFSA). If your appeal is approved, the data that you provide on this form will be used in reevaluating your eligibility for financial aid, which does not always result in additional aid.

NOTE: In some circumstances, this appeal may contain information related to sexual harassment, sexual misconduct, and other forms of sex discrimination. According to the University of Missouri System Policy, any incident of sexual harassment of any kind, including sexual assault, committed against students must be reported to the University Title IX Coordinator, so any documentation you provide may be submitted to their office.

STUDENT INFORMATION

Student Name: _____ Student ID: _____

Email: _____ Phone Number: _____

APPEALS WILL ONLY BE PROCESSED WITH THE APPROPRIATE DOCUMENTATION ATTACHED

PLEASE READ CAREFULLY - CHECK ALL THAT APPLY

Place a ✓ next to the appropriate situation(s), complete the required sections, and attach all necessary documentation.

If you were considered an "*Independent*" student when you completed the FAFSA, **you and/or your spouse** must meet at least one of the following special circumstances:	If you were considered a "*Dependent*" student when you completed the FAFSA, **you and/or your parents** must meet at least one of the following special circumstances:	
☐ **Separation/Divorce/Death**	The situation must have occurred *after the FAFSA was filed*. **Complete Sections 1, 5, and 6**.	
☐ **Reduction of Income**	Expected income has changed due to unemployment, reduced wages, or a change in untaxed income and benefits. **Complete Sections 2, 5, and 6**. Adjustments will usually not be made for the dependent student who has experienced a loss in his or her income.	
☐ **Unusual Medical/Dental Expenses**	Unusual medical and/or dental expenses incurred that are not covered by insurance and are in excess of 11% of the reported Adjusted Gross Income for 2024. **Complete Sections 3 and 6**.	
☐ **Elementary/Secondary Tuition**	Elementary or secondary school tuition paid for dependent children.	**Complete Section 4 and Section 6**
☐ **Child Care Expense**	Childcare paid for dependent children.	
☐ **Repairs to Student's Vehicle**	Repairs to student's vehicle made during the fall, spring, and/or summer semesters.	
☐ **Required Books and/or Supplies**	Books and supplies exceeding the standard allowance.	
☐ **Personal Computer/Tablet Purchase** *****Can only occur once per academic year***	Computer/tablet purchase for educational use. The cost of the computer/tablet (including printer and software) cannot exceed $1,500 unless the student's academic unit sends documentation supporting the student's need for equipment that warrants additional costs. **Read Personal Computer Policy on our website	

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Those with speech or hearing impairments may use Relay Missouri, 1-800-735-2966 (TT) or 1-800-735-2466 (Voice)
UMKC is an equal opportunity/affirmative action institution

SECTION 1 - SEPARATION/DIVORCE/DEATH

Complete either Section 1A or Section 1B and submit the requested information.

1A. Divorce or Separation

Who is divorced or separated? ☐ PARENT ☐ STUDENT

Date of Divorce or Separation: _____

Is child support being received? ☐ YES ☐ NO

If **yes**, how much is received *per month*? $ _____

Date Child Support Will End: _____

Is spousal support and/or alimony being received? ☐ YES ☐ NO

If **yes**, how much is received *per month*? $ _____

In addition, please provide the following documents:

- ☐ A personal letter describing your situation
- ☐ A copy of your divorce decree (if divorced), separation agreement or other valid documentation of separation
- ☐ Complete Section 5 and Section 6

1B. Death of Parent or Spouse

Who is deceased? ☐ PARENT ☐ STUDENT'S SPOUSE

Date Deceased: _____

In addition, please provide the following documents:

- ☐ A personal letter describing your situation
- ☐ A copy of death certificate
- ☐ Complete Section 5 and Section 6

SECTION 2 - REDUCTION OF INCOME

Answer the following question by checking the appropriate response. Be sure to attach any required documentation.
NOTE: Once this appeal has been reviewed, additional documentation may be required.

What is the reason(s) for the reduction in income?

☐ UNEMPLOYMENT
☐ REDUCED WAGES → Complete **Section A**

☐ OTHER → Complete **Section B**

A. If you checked "**UNEMPLOYMENT**" or "**REDUCED WAGES**"

Who has experienced a reduction in income? (Please check all boxes that apply)

☐ PARENT ☐ STUDENT ☐ SPOUSE

Did the person(s) indicated work in 2024 but lost their job or experienced reduced wages prior to August 2026?

☐ YES ☐ NO

If you checked "**NO**", an adjustment ***cannot be made***. Do not complete the remainder of this form.

If you checked "**YES**", provide the following documentation and complete the sections required:

- ☐ Personal letter, signed and dated by individual indicated above, describing the situation;
- ☐ Verification from employer (on letterhead) confirming that the individual worked in 2024 but lost their job or experienced reduced wages in 2026;
- ☐ Copy of last pay stub listing YTD gross income and/or unemployment benefits letter;
- ☐ Copy of 2024 Federal Tax Return Transcript from the IRS;
- ☐ Complete Section 5 and Section 6

B. If you checked "**OTHER**"

- ☐ Provide a personal letter, signed and dated by appropriate individuals, describing the situation;
- ☐ Submit supporting documentation such as court documents or statements from appropriate agency(s) verifying loss of benefits, notification from employer, final pay stubs etc.;
- ☐ Copy of 2024 Federal Tax Return Transcript from the IRS;
- ☐ Complete Section 5 and Section 6

An example would be untaxed income or benefits received in 2024 that has been reduced or lost in 2026. The documentation would include court documents or statements from appropriate agency(s) verifying that the untaxed income or benefit was received in 2024 but lost or reduced in 2026.

SECTION 3 - UNUSUAL MEDICAL AND DENTAL EXPENSES

Keep in mind – UMKC's standard cost of attendance allowance factors in normal office visits and general standard of care. Please only submit documentation for expenses that are NOT part of standard care.

Please provide the following documentation:

- ☐ Personal letter, signed and dated by appropriate individuals, describing the situation and listing expenses paid;
- ☐ *Explanation of Benefits* form from your insurance company, or, if student/spouse or parent(s) do not have insurance, the appropriate party must provide copies of paid billing statements for medical/dental expenses;
- ☐ Complete Section 6

Medical expenses that have already been itemized on your 2024 tax transcript will not be considered when calculating additional medical expenses

SECTION 4 - ADDITIONAL EDUCATIONAL RELATED EXPENSES

Please provide the following documentation:

- ☐ Personal letter, signed and dated by appropriate individuals, describing the situation and listing expenses paid
- ☐ Supporting documentation *as indicated below*
- ☐ Complete Section 6

Note: These adjustments generally increase a budget item in your cost of attendance allowing students/parents to borrow additional funding.

Elementary/Secondary School Tuition	The student and spouse (if applicable), or parent(s) of dependent children, must submit **(on letter head)** documentation from the elementary or secondary school stating tuition paid minus any scholarship(s) awarded for tuition for 2026-2027 aid year.
Repairs to Student's Vehicle	The student must submit paid receipts for repairs performed between 8/25/2026 and 7/31/2027. The budget adjustment will be made during the semester the cost was incurred. Repairs performed must be for the student's vehicle and **cannot** include oil changes, tires*, or the purchase of a new or used vehicle. (Extenuating circumstances will be reviewed on a case-by-case situation.)
Child Care Expense	The student must submit documentation from the third-party childcare provider indicating monthly child care costs for each child.
Required Books and/or Supplies	The expenses must be required of every student in the class. The student must submit **paid receipts** before an adjustment will be made.
Personal Computer/Tablet Purchase	The student must provide a **paid store receipt** documenting the actual cost of the computer/tablet. If a student needs the funds prior to purchasing the computer/tablet, the student must provide a spec sheet for the cost of the computer/tablet and submit a **paid receipt** after purchase. ***Read Personal Computer Policy on our website*
Other	Provide a written explanation of the expense and appropriate documentation. Additional documentation may be requested by this office.

SECTION 5 - ESTIMATED 2026 INCOME

Estimate to the best of your ability the income from the following sources that you will receive during 2026 (January 1, 2026 to December 31, 2026). **Complete every item**. If you do not have income from a particular source, write N/A.

If you are a dependent student, include both of your parent's (if applicable) **expected 2026 income**.

Include the most recent 2026 wage statement(s) from each individual, indicating the year-to-date totals.

		STUDENT	SPOUSE	PARENT 1	PARENT 2
TAXABLE INCOME	This would include wages, business and/or farm income				
OTHER TAXABLE INCOME	This would include alimony, capital gains, pensions, annuities, etc.				
NON-TAXABLE INCOME	This would include child support				
OTHER NON-TAX INCOME	Indicate what this includes:				

SECTION 6 - CERTIFICATION STATEMENT

Read the statement below and include the appropriate signatures. (Only one parental signature is required for dependent students. A parent signature is not required for independent students; however, if the adjustment involves a spouse, the spouse's signature is required in addition to the student's signature.)

All of the information provided for this appeal is true and complete to the best of my knowledge. If asked by an authorized official, I agree to provide additional documentation supporting the information that I have provided on this form. I realize that if I do not provide all additional documentation requested, this appeal will not be considered.

Important! Typed signatures are not valid for the purpose of submitting this form. Signatures must be handwritten.

Student Signature	Date	Spouse Signature	Date
Parent 1 Signature	Date	Parent 2 Signature	Date

OFFICE USE ONLY

☐ Approved ☐ Denied Approver's Initials _____ Date _____

Comments _____

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