

If you have special circumstances that warrant the reconsideration of the student's financial aid package, please indicate the situation/s that apply to you and submit the required documentation.

NOTE: Once the appeal is completed and turned in, the review process can take several weeks.

Student Name: _____ NCU ID #: _____

☐ **Divorce or separation, death of a parent/spouse**

Date of separation, divorce, or death:	Name of parent the student lived with more or provided the most financial support for the student (Dependent Students only):
Name of deceased (if applicable):	Relationship to student:

Documents Required:

- Signed copy of 2023 Federal Tax Return
- Copy of all 2023 W2s
- Death Certificate or Divorce Letter/Agreement

☐ **Elementary and/or Secondary Tuition Expenses**

Please indicate the name/s, age, and relationship of each student for whom you paid tuition, the name of the school they attended and the total amount of tuition paid for each student in 2023.

Full Name of Family Member	Age	Relationship to Student	School Name	Total Tuition Paid in 2023

Documents Required:

- Copies of tuition statements for each student from 2023, including costs and financial aid awarded

☐ **Parent in College**

College costs can only be taken into consideration if the parent will be attending college at least half-time AND is in a program that leads to a degree or certificate.

- Parent Name: _____
- Name of college that parent will be attending: _____
- How many credits is the parent enrolled for or planning to enroll for during each term of the 2025-2026 academic year?
Fall 2025: _____ Spring 2026: _____
- Will the parent be receiving tuition reimbursement from their employer?
☐ No ☐ Yes – amount per term: \$_____

Documents Required:

- Proof of registration from the college that parent will be attending
- Copy of a tuition fee statement that indicates the number of credits that parent is registered for and outlining tuition and fees for 2025-2026

☐ **Job loss or significant income change (of at least 10 weeks or longer)**

Name of Person with Status Change:	Relationship to Student:
Type of Employment Change (Job Loss or Income Change):	Effective Date:

☐ **Job Loss/Income Change Occurred in 2024**

Documents Required:

- Signed and dated statement explaining the reason(s) for unemployment/income loss (space provided on the following page)
- Signed copy of 2024 Federal Tax Return

☐ **Job Loss/Income Change Occurred in 2025**

Documents Required:

- Signed and dated statement explaining the reason(s) for unemployment/income loss (space provided on the following page)
- Two most recent paystubs from all employers, showing year-to-date earnings
- Unemployment Benefits statement
- Copies of statements indicating severance pay
- Complete the chart below. If you're required to provide parent data on your FAFSA, please indicate which parent you're listing in each column. Please complete the whole chart, even if you need to indicate "0" or "N/A."

Please Note: We may request a copy of your 2025 Federal Tax Return once it is completed.

Parent 1/Student: _____ Parent 2/Spouse: _____

2025 Income	Parent 1 or Student (choose one)	Parent 2 or Spouse (choose one)
Gross wages, salaries, and tips earned so far in 2025		
Anticipated wages, salaries, and tips for the remainder of 2025		
Unemployment Compensation		
Worker's Compensation		
Cash Support from Others		
Social Security Benefits		
Interest & Dividend Income		
Pensions/Annuities		
Welfare/TANF Benefits		
Disability Benefits		
Alimony/Child Support Paid		
Net Business/Farm Income		
Withdrawal from Retirement Account		
Other (specify) _____		
Total Anticipated Income for 2025		

☐ **Extreme Medical Expenses that have been paid**

Medical expenses that were **NOT** covered by insurance and have been paid for one that exceed 11% of your Income Protection Allowance (IPA). Please reach out to the Financial Aid Office to find out if the amount you've paid in out-of-pocket medical expenses would affect the student's financial aid package. We review medical expenses for one year only. Please indicate the year of your reported medical expenses:

□ 2023

□ 2024

□ 2025

Documents Required:

- Signed copy of Federal Tax Return, including Schedule A if medical expenses were itemized
- Receipts or statements of medical expenses paid out-of-pocket
- A detailed summary of your total medical expenses paid (space provided below). Do not include expenses that have not been paid yet, have been paid by insurance, or have been paid by a Health Savings Account (HSA) or Flexible Spending Account (FSA).

☐ **Rollover (Untaxed Pension or Untaxed IRA Distribution)**

Documents Required:

- Signed copy of 2023 Federal Tax Return

Rollover amount: \$_____

☐ **Other Circumstances** (disability-related expenses, higher than average fees, costs of obtaining a license, certification, or first professional credit, childcare expenses for dependents, multiple students in college, etc)

Documents Required:

- Signed statement explaining reason for appeal (Please write below)
- Any relevant documentation that supports your appeal

Detailed statement explaining your circumstances:

Please attach any additional sheets if necessary.

[illegible]

By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment, or both, under provisions of the United States Criminal Code.

Student Signature

Date _____

Parent Signature

Date _____

Please return form to:

One Stop/Student Financial Services • North Central University • 910 Elliot Avenue • Minneapolis, MN 55404
Email: onestop@northcentral.edu

For Financial Aid Office Use Only

<u>Acceptable documentation:</u>	Y	N
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Move forward for committee review: **Y** **N**

By: _____ Date: _____

Accepted **Denied** Date:

By: _____ Date: _____