

2025-26 APPEAL AND SPECIAL CIRCUMSTANCES FORM

Our goal is to offer the best financial aid package based on the information you provide and current funding levels. In some cases, individual experience special situations. Such examples are unexpected loss of income, death of a wage earner, or unexpected medical expenses not covered by insurance. These types of events may warrant a review of the financial package. The School of Nursing makes every effort to provide assistance to all students who qualify. However, due to limited resources, it is not always possible to provide full assistance to every eligible student. If you wish to appeal your award based on any of these or similar circumstances, please contact us. The most effective appeals exhibit the following:

- A completed Appeal and Special Circumstances Form
- A detailed letter explaining your special circumstance
- Supporting documents that substantiate the special circumstance described in your letter

Student Financial Service's Appeal Committee will review your appeal and you will be notified of the decision in writing. If you have any questions feel free to contact our office.

Name:	ID:
Email Address:	
	Date:
Please check the box indicat	ing if your letter is attached to this Form
Yes, my letter is at	
No, my letter is no	attached but will be received by the following date:
_	station submitted or to be submitted with this form
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Student Signature:	Date: