

2024-2025 SPECIAL CIRCUMSTANCES PETITION

Office of Student Financial Aid
San Francisco State University
1600 Holloway Ave
San Francisco, CA 94132-4011
<http://financialaid.sfsu.edu>



The Office Of Student Financial Aid (OSFA) has the ability to exercise [Professional Judgment](#) with adjusting a student's financial aid eligibility based on their current living/financial situation. Although the 2024-2025 financial aid applications ([FAFSA](#) or [CADAA](#)) are based off 2022 tax information, students and their families may appeal for their financial aid package to be re-considered. Please keep in mind that the submission of this appeal does not guarantee more [Grant](#) aid. Based on the documentation provided, we will determine if there is a change with your Student Aid Index that increases your need based financial aid eligibility.

IMPORTANT REMINDER: Please speak to a Financial Aid Counselor first before submitting this appeal to ensure that correct documentation is being used based on the family's situation. This appeal is only for Undergraduate students with a [Student Aid Index \(SAI\)](#) greater than 0. Students with an SAI of -1500 or 0 cannot submit this appeal.

Student Information		
Last Name:	First Name:	Student ID:

Information to Review
<p>You have indicated that your family's financial situation has significantly changed since 2022, and that would like your financial aid package for the 2024-2025 school year (Fall 2024 & Spring 2025) to be re-evaluated. In order to begin this appeal process, you must complete this form and provide any additional documentation supporting your request, based on the criteria that you select.</p> <ul style="list-style-type: none">Date the change in financial circumstance occurred: _____Does the student have any siblings currently attending SF State? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide all SF State IDs: _____

Required Documentation
<p>Please submit the following tax and supporting documentation only for person who has experienced the financial change – Yourself or your Parent (If you are considered as a Dependent student on your financial aid application):</p> <ul style="list-style-type: none"><input type="checkbox"/> 2023 1040 Tax Return<input type="checkbox"/> 2023 W-2s<input type="checkbox"/> Student signed statement – Full explanation of the circumstances you would like us to consider

Eligible Criteria
<p>Please check the applicable box below based on what applies to your situation and provide the listed supporting documentation:</p> <ul style="list-style-type: none"><input type="checkbox"/> Loss of Employment/Reduction of Income<ul style="list-style-type: none"><input type="checkbox"/> Name of the person that lost job: _____<input type="checkbox"/> Relationship to the student: _____<input type="checkbox"/> Last date of employment: _____<input type="checkbox"/> Final paystub from previous employer<input type="checkbox"/> Has new employment been found? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, provide most recent paystub from new employer)<input type="checkbox"/> Letter of separation from employer or change of status notification (If reduction in income)<input type="checkbox"/> Unemployment benefits summary documentation<input type="checkbox"/> Verification of severance pay, Retirement benefits, Disability benefits<input type="checkbox"/> Funds taken out from IRA, 401K, or other retirement plan: \$_____ (Amount)

Separation/Divorce

Name of the custodial parent who will remain on the financial aid application:

 Court documentation confirming legal separation/divorce OR Proof of separate residences for both parents listed on the financial aid application

Has the Parent re-married? YES NO

Death of a Parent/Spouse

Death Certificate

Deduction of One-Time Income

Letter from parent/student explaining the one-time payment or reason for withdrawal

Verification of the amount of the withdrawal/payment

Verification of what funds were used for (Provide receipts of paid bills, etc. / Payment of consumer debt will not be considered)

Unusual medical, dental, or nursing home expenses

Federal income tax form (Schedule A: Itemized deductions) OR Receipts for payments if not available

Canceled checks

Receipts showing documentation of costs covered by insurance and amount owed by patient (NOTE: *Documents need to be sorted by the patient. Please make sure not to send duplicates of expenses. Documents not dated or dated outside of the current academic year will not be accepted*)

Loss of child support

Verification of child support received in 2023

Documented proof of cessation of benefits

Other

Parent's enrollment in post secondary education program

Parent registration statement

Elementary or secondary tuition for dependent student's sibling or independent student's child

Receipts for tuition payments

Other circumstance: _____

Letter from parent/student explaining circumstances

Supporting documentation of circumstances described

Certification & Signature

I certify that the information on this form and all included documentation is true and complete to the best of my knowledge. I agree to provide further documentation for verification of this information if requested by the Office Of Student Financial Aid (OSFA). I understand that San Francisco State University OSFA may verify all estimates of my income at year-end. Adjustments may be made to current or future financial aid if inaccurate estimated of income result in a financial aid overaward.

Student Signature

Date

Parent Signature (If applicable)

Date