



Special Circumstance Appeal Form

Student Name _____ Roanoke College ID# _____

The Roanoke College Financial Aid Office understands that financing a college education is a significant life investment families can make. We are committed to offering a high-quality education and will do everything possible to ensure that you and your family can afford Roanoke College. As a result, if your family's financial situation has changed since you filed the 2026/2027 Free Application for Federal Student Aid (FAFSA), or your family has special circumstances affecting your ability to pay which are not captured on the FAFSA, you may qualify to have your financial aid eligibility re-evaluated. Please follow the steps below to ensure a timely re-evaluation of your file:

IDENTIFICATION OF SPECIAL CIRCUMSTANCES

Roanoke College will review all special circumstances on an individual basis and will make a determination as quickly as possible. For your convenience in explaining your situation, below are some typical special circumstance categories that our office has considered in the past. Please review this list and check the appropriate reason(s) for your request. We ask that you complete this step in full, paying particular attention to the requested documentation. Failure to supply ALL of the requested documentation will result in a processing delay.

☐ **Unemployment:** Unemployment must have occurred at least **10 weeks prior** to the submission of this form and resulted in a loss of at least **20% of income**.

The unemployment is for: _____ Relationship to student: _____

Name of former employer(s): _____

Required documentation:

- a) Signed letter from employer on company letterhead verifying separation from employment, the letter must include the date of hire and date of separation. If you or your family member have been separated from more than one employer, you must submit a letter of separation for each employer
- b) An itemized list of your family's estimated 2026 income **from all sources** and estimated 2026 federal income tax to be paid. Be sure to include any wages earned to date as well as unemployment wages, compensation packages, child support, social security benefits, untaxed income, etc)

☐ **Divorce/Separation after the FAFSA has been filed:**

Required documentation:

- a) Copy of legal divorce decree or documentation indicating separate residences from the US Postal Service
- b) Letter addressing separation of income and assets reported on the FAFSA

☐ **Change in employment/Reduction of Income:** Changes in employment must have occurred at least **10 weeks prior** to the submission of this form and resulted in a loss of at least **20% of income**.

The change in employment is for: _____ Relationship to student: _____

Name of employer (s): _____

Required documentation:

- a) An itemized list of your family's estimated 2026 income **from all sources** and estimated 2025 federal income tax to be paid. Be sure to include any wages earned to date as well as unemployment wages, compensation packages, child support, social security benefits, untaxed income, etc)
- b) If the change in employment is due to a reduction in hours worked, please provide documentation of the average number of hours worked and hourly rate of pay

☐ **Death of a family member after the FAFSA has been filed:**

Relationship of family member to student: _____

Required documentation:

- a) Copy of death certificate
- b) An itemized list of your family's estimated 2026 income **from all sources** and estimated 2026 federal income tax to be paid. Be sure to include any wages earned to date as well as unemployment wages, compensation packages, child support, social security benefits, untaxed income, etc)

☐ **Elementary or Secondary Private School costs:**

Required documentation:

- a) A completed "Sibling Enrollment Verification Form" (found online at www.roanoke.edu/finaidforms)

☐ **Parent educational costs:**

Required documentation:

- a) A completed "Parent Enrollment Verification Form" (found online at www.roanoke.edu/finaidforms)

☐ **Medical/Dental Expenses:** Medical and/or dental expenses not covered by insurance and PAID in 2025 may be considered

Required documentation:

- a) A written explanation of the expenses
- b) Copies of cancelled checks, paid receipts of medical/dental payments or a 2025 Federal Schedule A

☐ **Other (Please specify):** _____

Required documentation:

- a) A detailed, written explanation of the situation, along with relevant documentation

All documents may be mailed to the attention of the Financial Aid Office at 221 College Lane, Salem, VA 24153. They may also be faxed to (540) 375-2267. All requested documentation must be received before a review of your financial aid package will be conducted. Submitting this form along with the appropriate tax returns and supporting documentation may or may not result in an increase in your financial aid eligibility. If you have further questions about this form or your financial aid package, please contact the Financial Aid Office at (540) 375-2235.

STEP 3: SIGNATURES AND CERTIFICATION OF ACCURACY

I/We certify that the information provided on this form is true and correct. If I purposely give false or misleading information, I may be fined \$10,000, sent to prison, or both.

Student Signature _____ Date _____

Parent Signature (for dependent students only) _____ Date _____