

SEATTLE UNIVERSITY

ENROLLMENT SERVICES | Office of Student Financial Services
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2025-26 APPEAL FOR SPECIAL CIRCUMSTANCES (STUDENT)

Student's Last Name	First Name	MI	Seattle University ID #
Student's Daytime Phone #		Student's Email Address:	

Students experiencing a change in financial circumstance that impacts their ability to finance their education for 2025-26 may be eligible for a re-calculation of their Student Aid Index (SAI) as calculated from the information provided on their 2025-26 FAFSA. To be considered for this re-calculation, students must meet the guidelines below, explain the circumstances in a letter, and provide documentation of the change.

All students must complete the 2025-26 [FAFSA](#) before completing this form. This appeal will not be considered if the IRS Direct Data Exchange (FA-DDX) has not been used to upload the student's, and spouse's, if married, 2023 tax information into the student's 2025-26 FAFSA.

To update the required 2023 tax return information to the student's 2025-26 FAFSA, log in to the student's [FAFSA](#), go to the financial information tab and follow the instructions there to use the IRS Direct Data Exchange (FA-DDX). Once the upload is complete, the student uses their FSA ID to sign the FAFSA and then resubmits it for re-processing. When the Student Financial Services Office receives confirmation of the update from the federal FAFSA processor, consideration of this appeal will begin.

Circumstances that may not be considered: Expenses such as car payments/lease, consumer/credit card debt, high mortgage payments, matching offers from other colleges or universities, weddings, vacations, inability to liquidate assets, and/or other discretionary costs may not be considered. Although there may be exceptions, adjustments to financial aid eligibility are not typically made to reflect these circumstances.

<u>REASON FOR THIS APPEAL</u>	<u>REQUIRED DOCUMENTATION</u>
<p>Circumstances that may be considered are listed below. Please check any of the circumstances below which apply to you.</p>	<p>ALL APPEALS must include a signed and dated LETTER OF APPEAL from the student explaining the situation. The letter must explain specifically and in as much detail as possible when, why and how their circumstances have changed.</p>
<p><u>Loss of Employment or a Significant Decrease in Income</u> 2023 income is not reflective of current income due to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Loss of employment or reduction in wages or hours <input type="checkbox"/> Injury, disability, or natural disaster which has resulted in significant decrease in earnings <input type="checkbox"/> Loss of benefits, such as unemployment, child support, etc. <input type="checkbox"/> Significant one-time increase in income was received in 2023 that is not reflective of typical annual income (capital gains, pensions, etc) 	<ul style="list-style-type: none"> ✓ A complete copy of your MOST RECENT federal tax return, SIGNED by the taxpayer AND copies of ALL W-2 WAGE STATEMENTS. ✓ The information requested on the next page of this form. <p>Other appropriate documentation to support appeal such as:</p> <ul style="list-style-type: none"> ✓ A copy of the termination notice from employer or copy of information from employer explaining the reduction in wages or hours available for work. ✓ Copy of unemployment benefit documentation.
<ul style="list-style-type: none"> <input type="checkbox"/> <u>Tuition for Other Dependents:</u> Net tuition paid for other dependents of the student's family. Can include family members in private K-12 school or in post-secondary education with tuition costs. 	<ul style="list-style-type: none"> ✓ A copy of the private school tuition contract(s) for the 2025-26 school year, or documentation from the school listing your family's out-of-pocket costs for the 2025-26 school year. If submitting documentation for post-secondary education, include grants and scholarships received as well as costs.
<ul style="list-style-type: none"> <input type="checkbox"/> <u>Medical Expenses</u> Excessive out-of-pocket medical or dental expenses incurred in 2023 or 2024 	<ul style="list-style-type: none"> ✓ If the 2023 or 2024 Federal Income Tax Return was filed with Schedule A, provide a copy of Schedule A. ✓ If no Schedule A was filed for 2023 or 2024 provide documentation of medical bills paid during tax year 2023 or 2024
<ul style="list-style-type: none"> <input type="checkbox"/> <u>Other Extenuating Circumstances</u> Other extenuating circumstances that have occurred since the filing of the 2025-26 FAFSA. (separation/divorce from or death of spouse, for instance). 	<ul style="list-style-type: none"> ✓ <u>Signed letter of appeal</u> specifically explaining the situation. Supporting documentation will be requested if needed.

Page 2: 2025-26 Appeal for Recalculation of Student's Aid Index

Student's Name: _____ Student's SU ID #: _____
 Last First MI

ALL STUDENTS MUST SIGN THE CERTIFICATION AT THE BOTTOM OF THIS PAGE

ONLY THOSE STUDENTS WHO HAD A LOSS OF EMPLOYMENT OR SIGNIFICANT DECREASE INCOME FOR 2023 ARE REQUIRED TO PROVIDE THE FOLLOWING 2025 INCOME INFORMATION

If the appeal based on a loss of employment or significant decrease in income for 2025 is granted, in order to recalculate their student aid index, the student's, and, if married, their spouse's, **2025 anticipated income information** must be provided below and included as part of their appeal. All questions must be answered. Do not leave any item blank; if it does not apply, enter a "0." **DO NOT** include any funds expected from financial aid and/or veteran's educational benefits.

	<u>2025-26 Academic Year</u>	<u>2025 Calendar Year</u>
	<i>July 1, 2025 - June 30 2026</i>	<i>January 1-December 31, 2025</i>
<u>ESTIMATED 2025 INCOME</u>		
Wages, Salaries, Tips - Student and, if married, Spouse.....	\$ _____	\$ _____
Wages, Salaries, Tips - Student and, if married Spouse.....	\$ _____	\$ _____
Unemployment Compensation.....	\$ _____	\$ _____
<u>OTHER TAXABLE 2025 INCOME</u>		
Interest or Dividend Income.....	\$ _____	\$ _____
Business or Farm income or (loss).....	\$ _____	\$ _____
Capitol Gain or (loss).....	\$ _____	\$ _____
IRA or Pension Distributions.....	\$ _____	\$ _____
Rental income, partnership income or royalties.....	\$ _____	\$ _____
Other: _____.....	\$ _____	\$ _____
<u>2025 INCOME EXCLUSIONS</u>		
Child support PAID by the student and, if married, spouse. Do NOT include support for children living in your home.....	\$ _____	\$ _____
<u>2025 UNTAXED INCOME AND BENEFITS</u>		
Payments to tax-deferred pension and savings plans.....	\$ _____	\$ _____
IRA deductions and payments to self-employed SEP, SIMPLE, Keough and other qualified plans.....	\$ _____	\$ _____
Child support RECEIVED for all children.....	\$ _____	\$ _____
Tax exempt interest income.....	\$ _____	\$ _____
Untaxed portions of IRA distributions.....	\$ _____	\$ _____
Untaxed portions of pensions.....	\$ _____	\$ _____
Foreign income exempt from federal taxation.....	\$ _____	\$ _____

CERTIFICATION: I affirm that the information provided on this form and attached documentation is accurate and complete to the best of my knowledge. I understand that completing this form does not guarantee that an appeal will be approved and/or that financial aid will be increased. I also understand that any revision based on this appeal information does not guarantee that the same adjustments will be made in future quarters or academic years.

Student Signature: _____ Date: _____

For Student Financial Services Office Use Only:
 FAC _____ Date _____
 Desired Outcome _____
 Reviewed by _____ Date _____
 Comments _____