



## Financial Aid Special Circumstances Appeal Form 2025-2026 Academic Year

<i>Contact Information</i>		
<b>Student Name:</b>	<b>Student Email:</b>	<b>Class Year:</b>
<b>Parent Name:</b>	<b>Parent Email:</b>	<b>Telephone:</b>
<b>Permanent Address:</b>		

If your family has experienced a recent **change in financial circumstances, or other special circumstances**, which were not captured within your 2023 tax information, please use this form to provide details of this change. The Director and Assistant Director of Financial Aid will review this request for “Professional Judgment” or re-evaluation of your financial aid eligibility. Please keep in mind that this request for re-evaluation neither guarantees any adjustment to your financial aid award nor does it prevent the accrual of late fees on past due student account balances.

For more information about financing options that may be available to your family to address any current unpaid account balances, please contact VMI Student Accounting Office at [cadetaccounting@vmi.edu](mailto:cadetaccounting@vmi.edu) or (540)-464 7217.

### **ALL PETITIONERS MUST PROVIDE:**

- A brief typed statement that explains the reason(s) for the change as well as supporting documentation for proof of the change in income or additional costs
- A copy of 2023 or 2024 Federal Tax Return Transcripts or a signed IRS 1040, 1040A or 1040EZ for all tax filers or W-2’s for non-tax filers in the household
- This completed appeal form and
- Any additional information that is requested

Please return completed form to:

Virginia Military Institute  
Financial Aid Office  
307B Letcher Avenue  
Lexington, VA 24450  
[financialaid@vmi.edu](mailto:financialaid@vmi.edu)  
540-464-7208 (p)/540-464-7629 (f)/ **Upload documents  
securely at: [www.vmi.edu/financialaid/upload](http://www.vmi.edu/financialaid/upload)**



## SECTION A: CHANGE IN FINANCIAL CIRCUMSTANCES

Please check **all** that apply:

**Change in Employment/Income (loss of job, reduction in wages, mandatory retirement, etc.)**

*If you check this box, please provide the additional information:*

- If you had a loss of employment: documentation of unemployment, copy of separation notice and final paystub, documentation of any severance package, and/or any payout of vacation/sick leave
- If you had a reduction in wages: 3 months of paystubs, financial outline of reduction for self-employment positions

**Which person experienced a loss of or change in income (select all that apply):**

- Father/Step
- Mother/Step
- Myself

**What was the Effective Date:** \_\_\_\_\_

**What was the reason for reduction/change?**

- Job Change
- Reduced Commission or Overtime
- Retirement
- New Business Start-Up
- Termination by Employer
- Other (please specify): \_\_\_\_\_

**Uncommon Expenses (medical, excessive or untypical debt, home damage, two households, etc.)**

*If you check this box, please provide the additional information:*

- Any documents that apply to your individual situation including but not limited to: copies of medical bills designating the amount not covered by your medical insurance, copies of receipts/bills/debt/etc.



- Please write the amount paid for any recent out of pocket expenses in 2024-2025. For medical expenses DO NOT include expenses that are or will be reimbursed or covered by insurance

**Total paid in 2024-2025:** \$ \_\_\_\_\_

**One-Time Income Gain (2023) (IRA withdrawal or rollover, one-time capital gain, inheritance, life insurance, etc.)**

*If you check this box, please provide the additional information:*

- Any documents that apply to your individual situation that document your one-time gain
- Complete the following:

	<b>Type of Gain</b>	<b>Amount</b>
<input type="checkbox"/>	IRA Withdrawal or Roll-over	\$
<input type="checkbox"/>	One-time Capital Gain	\$
<input type="checkbox"/>	Inheritance	\$
<input type="checkbox"/>	Life Insurance	\$
<input type="checkbox"/>	Other (please explain)	\$

**Parents Separation/Divorce**

*If you check this box, please provide the additional information:*

- Documentation as it pertains to your individual situation including but not limited to: an explanation of separation of assets (including cash, home, other real estate, business, etc.) and
- Any child support or alimony to be paid or received
- All W-2's for custodial parent must be provided

**\*Complete this section if your parents separated or divorced AFTER you submitted the 2025-2026 FAFSA**



**Which parent provides the greater portion of your financial support?**

\_\_\_\_\_

**Date of separation/divorce** \_\_\_\_\_ (month/year)

**Other Circumstances**

*If you check this box, please provide the additional information:*

**Please describe the circumstances that were not captured with your 2023 taxes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION B: ESTIMATED INCOME

The 2025/26 FAFSA is based on your family's 2023 tax information. If your household resources for 2023 are significantly different than in 2024, financial aid eligibility may be re-evaluated using your estimates. Any adjustment to your award on this basis may be tentative, until all documentation of actual 2024 income has been received. Estimates provided herein should be as accurate as possible to avoid later adjustments to your aid package.

**Enter "0" or "N/A" WHERE APPROPRIATE: DO NOT LEAVE ANY ITEMS BLANK.**

Income	Actual Income (2024)	Projected Income (2025)
<b>Income from Wages, Salaries, Compensation etc. from Jobs</b>		
Student	\$	\$
Father/Stepfather	\$	\$
Mother/Stepmother	\$	\$
<b>Other Taxable Income</b>		
Interest and Dividend Income	\$	\$



Net income/loss from business or farm	\$	\$
Net rental/partnership from business or farm	\$	\$
Net rental/partnership/royalties/trust income	\$	\$
Interest/dividends	\$	\$
Capital gains/loss	\$	\$
Severance pay/vacation or sick pay	\$	\$
Unemployment compensation or disability benefits	\$	\$
Pensions/annuities	\$	\$
Alimony or spousal support	\$	\$
Social Security	\$	\$
Other taxable income: please explain below:	\$	\$
<b>Untaxed Income</b>		
Child support received for all children	\$	\$
Veteran's Benefits	\$	\$
Housing allowance (military, clergy, etc.)	\$	\$
Other untaxed income (i.e. foreign income exclusion, worker's compensation, untaxed pensions, SS benefits, etc.)	\$	\$
<b>Totals (included Taxed and Untaxed Income)</b>	\$	\$

## SECTION C: CERTIFICATION

Please use this section to provide additional information describing the basis for your request, if the sections above did not allow you to explain the circumstances fully.



By signing below, I

1. Affirm that the data contained on this form is true and complete to the best of my knowledge.
2. Acknowledge that submission of an appeal does not guarantee an adjustment to the student's award.
3. Recognize that submission of an appeal does not prevent the accrual of late fees on unpaid balances.
4. Understand that if any of my projections change, I will immediately notify the Financial Aid Office.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_