



How to submit an Appeal

The Expected Family Contribution (EFC) formula is the same for all applicants; however, we do understand that a family may have difficulty managing their expected family contribution due to changes in financial circumstances. If you believe you have a special situation that was not reflected in your aid materials, please follow the guidelines below to appeal your need-based aid package. Forward your complete appeal packet to your [advisor's](#) attention via email, USPS or fax.

A complete Appeal Packet should include:

- A completed Special Circumstance Appeal form
 - ◊ Section A - a written personal statement
 - ◊ Section B - identify the reason for your appeal, and attach supporting documentation
 - ◊ Section C - sign the certification statement
- Any documents you deem relevant to explain your situation
- Submit any supplemental or new tax documentation, if not already submitted to IDOC
 - ◊ Complete tax returns for all businesses - include forms 1065, 1120-S, 1120, K-1's, and the itemized list for "other deductions"
 - ◊ A Signed Amended tax return form 1040x
 - ◊ IRS tax data through [FAFSA Data Retrieval Tool](#) or as a [tax transcript](#) (optional, unless otherwise required)

Important Notes

- Timeliness, completeness and accuracy of your packet will impact the outcome of your appeal
- Additional information may be requested of you after providing the appeal and supporting documentation
- Submission of a special circumstance appeal does not automatically ensure that your request will be approved
- If approved, it could result in an increase in institutional grant, institutional loan or a combination of both.



How to submit an Appeal (continued)

When to submit an Appeal

	Submission Deadline	Response Date
2016-2017 Final Appeal Date	January 6, 2017	January 13, 2017

2017-2018 Appeal Dates	Submission Deadline	Response Date
Admitted Freshmen	April 6, 2017	April 14, 2017
Admitted Freshmen	April 20, 2017	April 28, 2017
Admitted Transfers	May 4, 2017	May 12, 2017
Admitted Freshman	May 25, 2017	June 2, 2017
Returning Students	July 13, 2017	July 21, 2017
Returning Students	August 10, 2017	August 18, 2017
Final Fall Appeal Date	September 1, 2017	September 8, 2017

Appeals received after the submission deadline will be considered at the next scheduled date, and a response sent according to the schedule above.

Items not considered as an appeal for need-based financial aid:

- Financial support of grandparents, siblings older than 23, and non-immediate family members
- Consumer debt, such as credit cards or educational loan debt
- Job loss of less than 3 months
- Investments being held for others
- Requests to exclude retirement assets that are not invested in a traditional retirement account
- Student merit or achievements
- Aid or scholarships awarded at other institutions
- Unwillingness to contribute to educational expenses
- Inability to pay the calculated family contribution from current income*

*Please note: It is our expectation that families will use all resources available to them to finance the expected family contribution (EFC) including current salary, savings, investments, student loans, parent loans, and the Emory Payment Plan



Special Circumstance Appeal

Emory University
Office of Financial Aid
200 Dowman Drive, Suite 300

Phone: 404.727-6039
Fax: 404.727-6709
Email: finaid@emory.edu

Student's Name:	Emory ID (EMPL):
Email Note: Communications regarding this request will be sent via email to the student's email address marked as preferred in OPUS.	Last 4 Digits of Student SSN (if ID Number Unknown): xxx - xx - _____

Semester /Year of Appeal (check one): Year 2017-18 Fall 2017 Spring 2018

Document Submission Instructions

Documents requested by the Office of Financial Aid may be submitted via US mail, email or fax. **In an effort to safeguard your personal information, the Office prefers that forms be submitted via fax.** Our fax number is 404-727-6709. Should you chose another option, our address is 200 Dowman Drive, Suite 300, Atlanta, GA 30322, and our general email account is finaid@emory.edu.

A: WRITTEN EXPLANATION OF SPECIAL CIRCUMSTANCES

Please attach a separate written statement detailing your circumstances and providing any pertinent information that will help us better understand your particular situation. Make sure to sign your written statement once completed. This form will be incomplete if this information is not submitted.

ZB: SPECIAL CIRCUMSTANCES FOR CONSIDERATION — Check any boxes that apply to your appeal request

<input checked="" type="checkbox"/>	REASON FOR APPEAL	REQUIRED DOCUMENTATION	
<input type="checkbox"/>	Loss of employment	<input type="checkbox"/> Date employment ended: ___ / ___ / _____ <input type="checkbox"/> Emory Projected Year Income worksheet <input type="checkbox"/> Provide a copy of your completed 2016 federal tax return with all W2s (required) <input type="checkbox"/> Emory Monthly Income and Expenses worksheet	<input type="checkbox"/> Last pay stub showing year to date earnings <input type="checkbox"/> Termination notice <input type="checkbox"/> Severance pay agreement <input type="checkbox"/> Unemployment benefits
<input type="checkbox"/>	Reduction of current year income (2016) vs. base year income (2015)	<input type="checkbox"/> Provide a copy of your completed 2016 federal tax return with all W2s (required) <input type="checkbox"/> Emory Monthly Income and Expenses worksheet <input type="checkbox"/> Emory Projected 2017 Year Income worksheet	<input type="checkbox"/> Quarterly business earnings statement, or a quarterly business tax return <input type="checkbox"/> Letter from employer confirming earnings reduction and effective date
<input type="checkbox"/>	Receipt of one-time funds/income	<input type="checkbox"/> Document the amount and source of income <input type="checkbox"/> Signed statement explaining how funds were spent <input type="checkbox"/> Letter from employer confirming any overtime or bonus pay as one-time	Examples include: capital gain, inheritance, bonus, moving expense allowance, retirement distribution, etc.
<input type="checkbox"/>	Cannot afford home	<input type="checkbox"/> Emory Monthly Income and Expenses worksheet <input type="checkbox"/> Most recent mortgage statement or lease agreement <input type="checkbox"/> Foreclosure or short-sale documents	<input type="checkbox"/> Confirm home net worth from the county assessor website, or Zillow.com
<input type="checkbox"/>	Unusual expense	<input type="checkbox"/> Complete Sibling Enrollment form for a sibling at a high cost college <input type="checkbox"/> A statement explaining the unusual expense <input type="checkbox"/> Document the expense with receipts and bank statements <input type="checkbox"/> Emory Monthly Income and Expenses worksheet	
<input type="checkbox"/>	Illness or Death of a Parent	<input type="checkbox"/> Letter from physician detailing the illness and dates of hospitalization <input type="checkbox"/> Copy of the parent death certificate or newspaper obituary <input type="checkbox"/> Document the amount of any death benefits received <input type="checkbox"/> Emory Monthly Income and Expenses worksheet	
<input type="checkbox"/>	Incorrectly reported asset	<input type="checkbox"/> Emory Asset worksheet <input type="checkbox"/> 1099-R or 1099-G for retirement rollover <input type="checkbox"/> Trust agreement, IRS form 1041, and corpus value	<input type="checkbox"/> Monthly mortgage statement to confirm real estate debt and monthly payment <input type="checkbox"/> 3 months check/savings bank statements

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Special Circumstance Appeal

Emory University
Office of Financial Aid
200 Dowman Drive, Suite 300
Atlanta, GA 30322

Phone: 404.727-6039
Fax: 404.727-6709
Email: finaid@emory.edu

Student's Name:	Emory ID (EMPL):
Email Note: Communications regarding this request will be sent via email to the student's email address marked as preferred in OPUS.	Last 4 Digits of Student SSN (if ID Number Unknown): XXX - XX - _____

C: CERTIFICATION STATEMENT

I certify that the information I am providing is true, complete, and correct to the best of my knowledge. Both parent and student agree to notify the Office of Financial Aid if the circumstance described in the appeal changes, if employment is obtained, or other sources of income are found. I understand that the decision of the appeals committee will be emailed to the email address marked as preferred in OPUS.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

Internal Use Only	
Review Date:	Advisor Initials:
Decision Comments:	