UNIVERSITY OF HAWAI'I KAPIʻOLANI COMMUNITY COLLEGE

Student's Name: _____

UH ID / SSN / UH Username: _____

Financial Aid Appeal for Special Circumstance Form Academic Year 2005-2006

If you/your family have unusual circumstance(s) (i.e., divorce, loss of your employment/income, etc.) and your Free Application for Federal Student Aid (FAFSA) or the Student Aid Report (SAR) does not reflect your current financial situation, please complete this form and submit the necessary documentation.

The following special circumstance(s) applies to:

____ Myself
____ My spouse
____ My parent(s)

1. **Attach a statement explaining your special circumstance in detail**. Please provide your total projected gross income for the calendar year (January 2005 – December 2005) or academic year (July 2005 – June 2006) and submit documentation (i.e. pay stubs, statement from employer, etc.) to support your projected income.

2. **Will you/your family receive any of the following benefits/income during the above mentioned calendar/academic year? Please complete the following (enter "0" if not applicable)**:

Unemployment benefits	$_____
Workman's compensation	$_____
Welfare/AFDC benefits	$_____
Other _____	$_____

I certify that the information above (and/or attached) is true and correct to the best of my knowledge. I understand that any false statement or misrepresentation may be cause for denial, reduction, or repayment of financial aid.

_____ _____
Student's Signature Date Spouse's Signature Date

_____
Parent's Signature Date

Kekaulike Information and Service Center (KISC), Financial Aid Section
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