



MASSACHUSETTS COLLEGE OF LIBERAL ARTS

**SPECIAL CIRCUMSTANCE AWARD APPEAL  
2020-2021**

Student's **LEGAL** Name: \_\_\_\_\_ A#: \_\_\_\_\_

Phone or Cell Number: \_\_\_\_\_

The purpose of this form is to document any significant changes that have occurred in your family's financial situation that may affect your ability to cover your college costs. All appeals will be considered on a case by case basis. Your appeal and supporting documentation will be reviewed to determine if adjustments should be made. You will be notified in writing about the outcome of your appeal.

**Check all that apply to you:**

*See Reverse for Acceptable Forms of Documentation*

- \_\_\_\_\_ Loss of employment or change of employment status for student, spouse, or parent
- \_\_\_\_\_ Loss of employment or reduced income due to COVID-19
- \_\_\_\_\_ Change in expenses due to COVID-19
- \_\_\_\_\_ Divorce or separation of spouse or parent
- \_\_\_\_\_ Death of spouse or parent
- \_\_\_\_\_ Expenses associated with care of an elderly parent
- \_\_\_\_\_ Unusual medical or dental bills not covered by insurance
- \_\_\_\_\_ One-time payment that over-inflated your annual income
- \_\_\_\_\_ Elementary or secondary school tuition

If your request involves a loss or change in income, please complete the chart below indicating all sources of income you expect to receive for the time between January 1, 2020 and December 31, 2020. The amounts listed below should be **yearly totals**. A **detailed** breakdown **must** be provided separately to verify the information listed.

**A copy of your 2019 Federal Tax Returns must be submitted for verification purposes.**

<b>INCOME 2020</b>	<b>STUDENT</b>	<b>PARENT #1 OR STUDENT'S SPOUSE</b>	<b>PARENT #2</b>
Wages, Salaries, Severance Pay	\$	\$	\$
Other Taxable Income	\$	\$	\$
Unemployment Benefits to be Received	\$	\$	\$
Alimony	\$	\$	\$
Workers' Compensation	\$	\$	\$
Child Support	\$	\$	\$
Other Untaxed Income	\$	\$	\$
<b><i>Estimated Total Income for 2020</i></b>	\$	\$	\$

**Acceptable Documentation**  
**(Attach to Appeal Request)**

- 1. Loss of employment or change in employment status:**
  - Signed statement from the student/parent explaining reason for unemployment
  - Detailed breakdown of projected yearly earnings
  - Year-to-date pay stubs showing all income earned from work in 2020
  - Copy of unemployment benefits statement
  - Documentation of all untaxed income received in 2020
  - Termination letter and/or any documentation regarding severance pay
  
- 2. Loss of employment or reduced income due to COVID-19**
  - Signed statement from the student/parent explaining reason for unemployment
  - Detailed breakdown of projected yearly earnings
  - Year-to-date pay stubs showing all income earned from work in 2020
  - Copy of unemployment benefits statement
  - Documentation of all untaxed income received in 2020
  - Termination letter and/or any documentation regarding severance pay
  
- 3. Change in expenses due to COVID-19:**
  - Signed statement from the student/parent explaining the expenses
  - Any relevant documentation which will support your appeal
  
- 4. Divorce or separation of student or parent:**
  - Divorce - copy of divorce decree
  - Separation - copy of legal separation document, a signed statement from your attorney showing the date of separation, or a statement from an unrelated third party.
  
- 5. Death of a spouse or parent:**
  - A death certificate or an obituary notice, if available, or letter from surviving parent or other adult family member.
  
- 6. Loss of Untaxed Income:**
  - A copy of a letter from the agency that provided benefits, detailing termination of benefits, and copies of summaries of benefits
  
- 7. Unusual medical or dental bills:**
  - A copy of Schedule A of the Federal 1040 form
  - Canceled checks or receipts showing the amount paid
  - Written explanation
  
- 8. One time payments that caused income to be over-reported on federal tax return:**
  - Detailed written explanation and documentation
  
- 9. Elementary or secondary school tuition:**
  - Copies of elementary or secondary paid invoices
  - Written statement from the school
  
- 10. Other documentation:**
  - Any relevant documentation which will support request for reconsideration

*Please note: The Financial Aid Office may request additional information not listed on this form if deemed necessary to support your request for additional aid.*

**Return all documentation to:**  
MCLA  
Financial Aid Office  
375 Church Street  
North Adams, MA 01247  
Fax: 413-662-5105 Phone: 413-662-5219