

Academic Year: 2024-2025

Form: Dependent Permanent and Total Disability

Student's Name: _____ Student's ID #: _____

Please scan and submit your appeal documents at www.umgc.edu/help/submit-case.cfm.

If your family has experienced significant changes in income that occurred **on or after 01/01/2024** and which merit recalculating your financial aid eligibility based on your projected annual 2024 income rather than the federally-required 2022 income, please complete this form. You must be able to document that the reduction of income has occurred for a period of *at least ten weeks prior* to submitting the appeal.

Before your appeal can be considered, your 2024-2025 Free Application for Federal Student Aid (FAFSA) must be completed and all required documents must be submitted. UMGC is held accountable for all decisions made and must be able to fully document why a decision was made to adjust a student's FAFSA. **If an appeal is incomplete, it will not be reviewed.**

Submission of an appeal **does not guarantee** approval of an appeal. Additionally, approval of an appeal **does not guarantee** receipt of additional aid. You are responsible for all outstanding charges with UMGC.

Required Documents: If a document listed below is not applicable to your situation, please submit a signed statement indicating why you do not have the document.

1. Completed appeal form – both pages
2. A typed statement that explains your circumstances in detail – must be signed by hand and dated
3. [2022 Tax Return Transcript](#) and all accompanying schedules or signed copy of 2022 IRS Form 1040 federal tax return and all accompanying schedules for student
[2022 Tax Return Transcript\(s\)](#) and all accompanying schedules or signed copy of 2022 IRS Form 1040 federal tax return and all accompanying schedules for parent(s)
4. [2022 Wage and Income Transcript](#) for student
[2022 Wage and Income Transcript\(s\)](#) for parent(s)
5. The final/most recent 2024 pay-stubs for all members of your family size (as defined in Part 2)
6. Termination notice(s) from employer(s) or letter(s) of resignation
7. Disability benefits statement(s) from the Social Security Administration

INSTRUCTIONS: Please provide all information requested in the following sections. If any are left incomplete, your appeal will not be reviewed.

Part 1: List all projected annual income and benefits from January 1, 2024 to December 31, 2024.

SOURCE OF INCOME (projected until end of the year)	PARENT 1	PARENT 2	STUDENT
Wages, salaries, tips (including severance pay)	\$	\$	\$
Pensions and Annuities	\$	\$	\$
Interest and/or Dividend Income	\$	\$	\$
Business/farm Income	\$	\$	\$
Unemployment Compensation	\$	\$	\$
Alimony	\$	\$	\$
Social Security/SSI Benefits	\$	\$	\$
Workers Compensation	\$	\$	\$
Disability Benefits	\$	\$	\$
Retirement Benefits	\$	\$	\$
Child Support	\$	\$	\$
Welfare Benefits/TANF	\$	\$	\$
Other Untaxed Income	\$	\$	\$
TOTAL INCOME	\$	\$	\$

Part 2: Please complete the chart below by listing all members of your parent(s)' family size. If additional space is needed, use an extra page. The definition of family size includes:

- Yourself, even if you don't live with your parent(s)
- Your parent(s) (including a step-parent) regardless of current marital status
- Your parent(s)' other children, if your parent(s) will provide more than half of their financial support from July 1, 2024 to June 30, 2025, or if the other children would be required to provide parental information if they were completing a FAFSA for 2024–2025.
- Other people who now live with your parent(s), if your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2025.

Full Name	Age	Relationship
		<i>Self</i>
		<i>Parent 1</i>
		<i>Parent 2</i>

STATEMENT OF CERTIFICATION

All of the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide further documentation to substantiate the information provided. I understand that all special circumstances are reviewed on a case-by-case basis and this written request does not guarantee approval and/or may not ultimately result in an actual change to the financial aid already offered. All persons providing information must sign below.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____