MANHATTAN TECHNICAL COLLEGE

2024-2025 Special Circumstance Appeal

Return to: Manhattan Tech
Office of Financial Aid
3136 Dickens Avenue
Manhattan, KS 66503
P: 785-587-2800
F: 785-670-6043
Secure File Upload

The Office of Financial Aid at Manhattan Area Technical College recognizes that families may experience a change in their financial situation after the Free Application for Federal Student Aid (FAFSA) has been filed. Through the use of professional judgment, a financial aid administrator may be able to make adjustments to your FAFSA which could result in a recalculation of your eligibility.

Last Name	First Name	Middle Initial	Social Security No	umber				
Address	ddress		Email Address	Email Address				
City	State	Zip Code	Phone Number					
To ensure consi below:	deration of your requ	est, please read the e	ntire form and su	bmit the documentation listed				
Profession	al Judgment Appeal Forr	n: submit this documen	t with all appropriat	e signatures (front and back)				
Appeal Let	ter: Provide a letter of a	opeal detailing your situ	ation					
				ation form, which can be obtained cademic year, you will not need to				
the IRS www.irs.g	gov), along with all 2022 ent(s)/step-parent. Indep	W-2 forms. Dependent	students must subn	Return Transcript (request from nit tax documents listed above for nts listed above for you and your				
· ·	ew the reverse side of the ntation for each situation	•		tuations that may apply. Submit				
Please note that or requested.	once the Special Circums	tances Appeal Form has	s been reviewed, ad	ditional information may be				
knowledge. I agre does not assure a reviewed for accu	e to give proof of all app pproval of a similar futu	peal information as indic re request. I understand t the outcome of this ap	cated above. I under I that the information peal. Further, the ac	d complete to the best of my rstand that approval of this request on provided in past appeals may be ccuracy of the information I submit				
Student Signature	D		rarent Signature	Date				

Select the sit	ruations that apply and submit all appropriate bulleted items below each box checked.
A.	Decrease in student/spouse income
	 Must include an estimate of gross income from work between July 1, 2024 and June 30, 2025. (Use
	the attached worksheet). Student \$ Spouse \$
	 Documentation of income from other sources, such as unemployment compensation
	 Copies of most recent pay stubs reflecting the changes to be considered
	 Termination notice from employer on letterhead with last date of employment
	 Letter of resignation
	 DD214 if leaving military service
В.	Decrease in parent(s) income
	 Must include an estimate of gross income from work between July 1, 2024 and June 30, 2025. (Use
	the attached worksheet). Student \$ Parent \$
	Documentation of income from other sources, such as unemployment compensation
	 Copies of most recent pay stubs reflecting the changes to be considered
	 Termination notice from employer on letterhead with last date of employment
	 Letter of resignation
	 DD214 if leaving military service
C.	Major medical expenses not covered by insurance, already paid out-of-pocket
	 Copy of Schedule A if you itemized your deductions on your 2022 federal income tax return
	 Statement from the doctor, hospital, pharmacy, etc. showing personal payments made (may also
	include premium payments made to insurance companies)
	 Do not submit credit card bills or insurance statements as this does not demonstrate payments
	made.
D.	Business or farm debt
	 Copy of Schedule C for business or a copy of Schedule F for farm
	 Letter from bank indicating the total amount of principal paid during 2022. Letter should verify the
	principal is not being paid by a rotating operating plan.
E.	Education loan repayment
	Repayment of the educational loan began on:
	 Copy of current statement or payment coupon for each loan, showing monthly payment amount
F.	Divorce/separation
	 Divorce decree/separation agreement if legally separated
G.	Lump Sum distribution/non-recurring income that inflated the Adjusted Gross Income
	 Signed itemized statement of how that income was spent
	o Copy of 1099-R (if available)
H.	Temporary maintenance of two households because of employment changes
	 Proof of rent/ownership (can include a landlord's statement) for both primary and secondary home
	 Primary and secondary household mortgage/lease bills as well as utility bills
I.	Tuition payments made for elementary/secondary school costs for younger siblings
	 Letter from school showing tuition payments for the current academic year
J.	Bankruptcy (except Chapter 7 and 11)
	 Copy of court document indicating the amount of required monthly payment and how long
	payments will continue
	 Copy of section in court document prohibiting parent from incurring any new debt
K.	Parent in college at least half-time in a degree-seeking program
	 Letter from parent's Registrar or Admissions Office verifying parent's degree, enrollment status and
	expected graduation date
	 Copies of paid tuition bills or paid receipt from the school.
L.	Dependent care costs paid for the care of dependent family member(s)
	 Copy of costs for his/her care or itemized statement of expenses

STUDENT/SPOUSE INFORMATION

Attach wage statements from current and/or former employer(s) showing actual earnings for year-to-date 2023.

Total Expected Taxable Income					
	Actual Amount from 7/1/2024 to(today's date)		Estimated Amount from (tomorrow's date) to 06/30/2025		Yearly Amount
Student's Expected Gross Wages	\$	+	\$	=	\$
Spouse's Expected Gross Wages	\$	+	\$	=	\$
Interest or Dividend Income	\$	+	\$	=	\$
Other Expected Taxable Income	\$	+	\$	=	\$
Alimony Received	\$	+	\$	=	\$
Unemployment Compensation	\$	+	\$	=	\$
Business/Farm Income					
not included above	\$	+	\$	=	\$
Capital Gains	\$	+	\$	=	\$
Pensions	\$	+	\$	=	\$
Annuities	\$	+	\$	=	\$
Rents	\$	+	\$	=	\$
Taxable Portion of					
Social Security Payments	\$	+	\$	=	\$
Other	\$	+	\$	=	\$
_	Total Taxed Income				\$

Student/Spouse untaxed income that will change significantly from the previous year. Attach statement of actual income received and estimates of income to be received for the remaining months.

Total Expected Untaxable Income					
	Actual Amount from 7/1/2024 to		Estimated Amount from (tomorrow's date)		Yearly Amount
	(today's date)	-	to 06/30/2025		
Child Support Received for all					
children	\$	+	\$	=	\$
Temporary Assistance for Needy					
Families (TANF)	\$	+	\$	=	\$
Veteran's Benefits (no education					
benefits)	\$	+	\$	=	\$
Untaxed Social Security Payments	\$	+	\$	=	\$
Other	\$	+	\$	=	\$
	Total untaxed Income				\$

PARENT INFORMATION

(Complete only if parental information was required on the 2024-2025 Free Application for Federal Student Aid) Attach wage statements from current and/or former employer(s) showing earnings year to date 2024.

Total Expected Taxable Income					
	Actual Amount from 7/1/2024 to(today's date)		Actual Amount from (tomorrow's date) to 06/30/2025		Yearly Amount
Parent 1 Expected Gross Wages	\$	+	\$	=	\$
Parent 2 Expected Gross Wages	\$	+	\$	=	\$
Interest or Dividend Income	\$	+	\$	=	\$
Other Expected Taxable Income	\$	+	\$	=	\$
Alimony Received	\$	+	\$	=	\$
Unemployment Compensation	\$	+	\$	=	\$
Business/Farm Income					
not included above	\$	+	\$	=	\$
Capital Gains	\$	+	\$	=	\$
Pensions	\$	+	\$	=	\$
Annuities	\$	+	\$	=	\$
Rents	\$	+	\$	=	\$
Taxable Portion of					
Social Security Payments	\$	+	\$	=	\$
Other	\$	+	\$	=	\$
·	Total Taxed Income		_		\$

Parent(s) untaxed income that will change significantly from the previous year. Attach a statement of actual income received and estimates of income to be received for the remaining months.

Total Expected Untaxable Income					
	Actual Amount from 7/1/2024 to		Actual Amount from		V 1 4 .
	(today's date)	-	(tomorrow's date)		Yearly Amount
Child Support Received for all	(1222) 2 222				
children	\$	+	\$	=	\$
Temporary Assistance for Needy					
Families (TANF)	\$	+	\$	=	\$
Veteran's Benefits (no education					
benefits)	\$	+	\$	=	\$
Untaxed Social Security Payments	\$	+	\$	=	\$
Other	\$	+	\$	=	\$
	Total untaxed Income				\$

Certification Statement: The information I submit is true and complete to the best of my indicated above. I understand the accuracy of the information I submit in this worksheet	
Student Name	
Student Signature	Date
Parent Signature	Date