



Student's Full Name	BenU ID Number	Student's Permanent Street Address

If the information you reported on your Free Application for Federal Student Aid (FAFSA) does not reflect your current financial situation or does not consider a circumstance in your family situation, complete this form to request an appeal of your financial aid eligibility to include your current information. **Please be aware that not all special circumstance adjustments result in additional financial aid.**

All **Sections I, II, & III** of this form must be completed in full and submitted simultaneously with all required documentation. Your appeal will be reviewed only when all required documentation has been received.

Do not leave any information blank. If the information does not pertain to you, indicate Non-Applicable (N/A).

SECTION I: REASON FOR REQUEST

Select the option below that best pertains to your appeal. Refer to the **Change in Circumstance Appeal Checklist** for all additional documentation needed for each option.

- ☐ I am legally separated or divorced after my 2024-2025 FAFSA was submitted.

Ex-Spouse Full Name	Ex-Spouse Permanent Street Address
Date of Legal Separation/Divorced	Household Size

- ☐ Your 2023 signed copy of Federal Tax Return(s) with all schedules
☐ Divorce or legal separation papers or a letter from attorney stating the marital status of the parties
☐ Documentation to verify the amount of alimony and/or child support you will receive in 2024
☐ 2024-25 Independent Verification Worksheet

- ☐ My spouse was included on my 2024-2025 FAFSA and died after the FAFSA was submitted.

Name of Deceased	Date of death

- ☐ Your 2023 signed copy of Federal Tax Return(s) with all schedules
☐ Death certificate or published obituary if death certificate is not available
☐ 2024-25 Independent Verification Worksheet



SECTION II: 2023 INCOME FROM EARNINGS & BENEFITS

Do not leave any information blank. If the information does not pertain to you, indicate non applicable (N/A).

Source of Income	Received for 2023	Estimated for 2024
Child Support Total amount received	\$	\$
Date that child support ended		
	MM/DD/YYYY	MM/DD/YYYY
Loss of Alimony received	\$	\$
Date that Alimony ended		
	MM/DD/YYYY	MM/DD/YYYY

SECTION III: CERTIFICATION & SIGNATURE

All of the information on this form is true and complete to the best of my knowledge. I agree to provide verification of the information I have given on this form.

Student's Signature (Required)	Date

Please submit the signed and completed form, along with supporting documentation, to the Office of Financial Aid via our dropbox located on our [website](#) or via email to financialaid@ben.edu