



<b>Student's Full Name</b>	<b>BenU ID Number</b>	<b>Student's Permanent Street Address</b>

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.

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

- 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.

<b>Name of Deceased</b>	<b>Date of death</b>

- 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.

<b>Student's Signature (Required)</b>	<b>Date</b>

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](mailto:financialaid@ben.edu)