



**FAFSA AWARD YEAR:** \_\_\_\_\_ / \_\_\_\_\_

**Student Information:**

Full Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Instructions:** If you or your family have experienced unique financial or personal challenges that impact your ability to pay for college, you may request a review of your financial aid eligibility through this appeal form.

Special circumstances include changes in income, housing status, medical expenses, or other significant factors. Please provide detailed explanations and supporting documentation to substantiate your request.

All decisions are made on a case-by-case basis and are final. Conflicting information must be resolved before adjustments can be considered.

**Student Personal Statement - Explanation of Special Circumstances:** Please attach a personal statement that describes your special circumstances in detail. Include specific information about the situation, how it impacts your ability to pay for college, and any relevant dates.

*A fillable form, "Student Personal Statement Form" is provided as a convenience but is not a requirement for submission. Students may substitute their own form or statement as long as it includes the required information noted above.*

**Indicate family member with special circumstance**

☐ Father/Stepfather   ☐ Mother/Stepmother   ☐ Student   ☐ Student's Spouse

**Required documents:** All Special Circumstances Appeals must include:

- ☐ Prior-prior year's Federal Tax Returns: Signed copy (s) of taxes originally reported on FAFSA as required by federal regulations AND all W-2(s), 1099(s), benefit statements, taxed and untaxed earnings statements for the student, spouse or parents(s) (if applicable). If married, but filed separately, include spouse's signed Federal Tax Return.
- ☐ Most recently filed federal tax returns and supporting tax documents (same as above).
- ☐ Most recent 12 months of income, earnings or benefits received by student, spouse or parent(s) if applicable.

To obtain copies of tax return transcripts and/or wage and income transcripts go to [www.irs.gov](http://www.irs.gov).



Full Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

**Supporting Documentation:** List of documents you are attaching to support your appeal .

- ☐ Medical bills or insurance statements
- ☐ Unemployment benefits documentation
- ☐ Official statements (e.g., court orders, letters from third parties)
- ☐ Other Attached Documents

**Acknowledgment and Signatures:** I (we) certify that the information provided in this appeal form is accurate and complete to the best of my (our) knowledge. I (we) understand that decisions regarding my appeal are final and cannot be appealed further.

**Student's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Institutional Policies:** The Financial Aid Director will evaluate your appeal using the information and documents you have submitted. We will retain copies of your materials for our records. Adjustments are considered individually and must comply with federal regulations. Please make sure to include all necessary documentation with this form. Students will receive notification of the decision via email and should anticipate a longer wait time if submitted during busy periods.

**Deadlines:** Appeals should be submitted no later than 6 weeks prior to last day of the semester.

**Submission:**

**In-person:** Blythe Main Campus or Needles Center

**Email:** financialaid@paloverde.edu (electronically signed forms and supporting documents).

**By Mail:** Palo Verde College Attn: Financial Aid Office, One College Drive, Blythe, CA 92225

**Contact Information:**

**Phone:** 760-921-5500 | **Email:** financialaid@paloverde.edu

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**OFFICE USE ONLY**

Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

*Financial Aid Director or Financial Aid Rep Signature*

Decision: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Tabled (for more documentation)

Student Notified on \_\_\_\_\_ PJ Changes submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

*FA Tech Signature*



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**NAME:** \_\_\_\_\_ **PVC STUDENT ID#** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

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**Instructions:** Please describe any special circumstances that support your petition. If you need more space, you may attach additional paper. Be sure to include any supporting documents that verify or strengthen your explanation.

*You may submit your own statement instead of this form, as long as it includes all required information.*

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**Signatures**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Required if student is dependent)*