Manhattan Christian College Office of Student Financial Services 2022-2023 Special Circumstances Request

This form is to assist you in reporting changes in the financial circumstances of you and/or your family that have occurred after you made application for financial aid, and that will in some way limit the ability of you and/or your parents to contribute toward your 2022-2023 college expenses. By completing this form, you are requesting an exception to the federal formula that calculates the family's ability to contribute to the student's educational expenses.

By making this financial aid appeal, I understand that:

- a) The MCC Office of Student Financial Services reserves the right to ask for additional documentation as necessary.
- b) Any decision from the MCC Office of Student Financial Services is final and it may not be re-appealed. This decision applies only to Manhattan Christian College and the 2022-2023 academic year.
- c) Your appeal may be approved or denied. Be aware that completing this form does not guarantee a favorable decision. Furthermore, an approval does not necessarily mean that you will be eligible for federal financial aid.
- □ As an Independent Student, I have attached to this Professional Judgment Request a signed copy of my (and my spouse's) 2020 Federal Income Tax transcript(s), and I have completed, signed, and attached the accompanying 2022-2023 Verification Worksheet.
 □ As a Dependent Student. I have attached to this Professional Judgment Request a signed copy of mine and
- ☐ As a **Dependent Student**, I have attached to this Professional Judgment Request a signed copy of mine and my parents' 2020 Federal Income Tax transcript(s), and I have completed, signed, and attached the accompanying 2022-2023 Verification Documents.

All attachments (letters of explanation, statements, tax forms, etc.) must be dated and signed, and reflect the name and social security number of the student for whom the appeal is being made.

STUDENT'S NAME		
CTUDE UTIO DEDICALITY ADDRESS		
STUDENT'S PERMANENT ADDRESS		
CITY AND STATE	PHONE #	

Signatures on this form certify that any information and documentation submitted for this appeal is accurate.

DEPENDENT STUDENT		INDEPENDENT STUDENT	
STUDENT'S SIGNATURE	DATE	STUDENT'S SIGNATURE	DATE
FATHER/STEPFATHER SIGNATURE	DATE	SPOUSE'S SIGNATURE	DATE
MOTHER/STEPMOTHER SIGNATURE	DATE		

**Please be aware: Consumer debt (i.e., credit card bills, automobile payments and/or home mortgages, etc.) is not grounds for consideration as it is a personal choice of the student/family. Please check which of the following situations apply to your request for review and provide an explanation on the lines below (attach another sheet if necessary).

provided on the 2022-2023 Free A	Application for Federal Student Aid. In the change (letter from employer, term	ignificantly from the 2020 financial information of the earnings or benefits are changing you must ination letter, military DD-214, or other
Family incurred medical excontinuing therapy. We must have making payment of medical bills, of the academic year. We must have cosmetic surgeries cannot be constructed to be paid through the enterprise or student is now discontinuity.	penses not covered by insurance. Example penses of the canceled checks to comprovide a statement showing the REQ ave documentation showing this was a sidered for adjustment). We can make ad of this academic year.	amples include special schooling, childcare, or afirm amounts paid in 2020 or 2021. If you are QUIRED minimum payments due through the end a required procedure (e.g., elective orthodontic or adjustments only for the amount already paid or or separation: eviewed by the Financial Services Office. Please
Estimated in	come (must be completed) from J	uly 1, 2022 – June 30, 2023:
Independent Student:	Student income \$	Spouse income \$
Dependent Student:	Student income \$	Parent income \$