

Special Circumstances Appeal Form

Aid Year: 2024-25

Form Name: Sibling(s) in College

Student's Name: _____

University ID #: _____

If your family has significant out-of-pocket college costs for more than one sibling(s) that is not captured in the 2024-25 FAFSA, we can consider the out-of-pocket costs for the 2024-25 academic year to adjust the 2024-25 FAFSA data.

Before your appeal can be considered, your 2024-2025 Free Application for Federal Student Aid (FAFSA) must be completed and all required documents must be submitted. UMD must be able to fully document why a decision was made to adjust a student's FAFSA. **Incomplete appeals will not be reviewed.**

Appeal reviews will be completed within 3-4 weeks of receipt of all requested documents. After the initial evaluation of your submitted documents, additional supporting documents may be requested which may lengthen the review time. Submission of an appeal does not guarantee approval of an appeal. Additionally, approval of an appeal does not guarantee receipt of additional aid. You are responsible for all outstanding charges with UMD.

REQUIRED DOCUMENTS: If a document listed below does not apply to your situation, please submit a signed statement indicating why you do not have the document.

- 1) Completed and hand-signed appeal form (all pages)
- 2) A typed statement that explains your circumstances in detail – must be signed by hand and dated
- 3) Copy of 2024-25 financial aid offer letter for all sibling(s) listed in Section 1
- 4) Copy of sibling(s) student billing account that shows out-of-pocket payment for all sibling(s) listed in Section 1

INSTRUCTIONS: Please provide all information requested in the following sections. If any are left incomplete, your appeal will not be reviewed. Include the student's University ID number in all of the documents submitted. Please upload all appeal documents on the [Submit Special Circumstances Appeal Forms & Other Supporting Documents](#) page.

Section 1: Please complete the chart below by listing all siblings attending an institute of higher education. Include the sibling's full name, the full name of the school the sibling attends, and the total amount paid towards their education expenses. If additional space is needed, use an extra page.

Sibling's Full Name	School Name	Amount Paid

STATEMENT OF CERTIFICATION

All of the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide further documentation to substantiate the information provided. I understand that all special circumstances are reviewed on a case-by-case basis and this written request does not guarantee approval and/or may not ultimately result in an actual change to the financial aid already offered. All persons providing information for this appeal must sign below.

Student's Signature: _____ **Date:** _____

Parent's Signature: _____ **Date:** _____