



**CHESTNUT
HILL
COLLEGE**

9601 Germantown Avenue
Philadelphia, PA 19118

2024–2025 Special Circumstance Request Form

Financial Aid eligibility for the 2024–2025 academic year is based on 2022 family income. Chestnut Hill College and the Financial Aid Office recognize that families experience changes in income or other circumstances not reflected in the information provided on the Free Application for Federal Student Aid (FAFSA). Therefore, it is possible for students and parents to appeal their financial aid eligibility if they have a special circumstance that is beyond their control.

Examples of Special Circumstances include, but are not limited to:

- Significant Loss of income
- High or Unreimbursed medical and/or dental expenses
- Death of immediate family member whose information is on the FAFSA
- Divorce or separation after filing the 2024–2025 FAFSA
- High education or family expenses
- One-Time Payment Received
- Other circumstance beyond your control

Please complete and return this application, along with the required documentation, to the Office of Financial Aid. All submitted documentation will be reviewed by a Financial Aid Administrator to determine if the student will be granted a Special Circumstance Appeal. Please include as much documentation as possible.

After reviewing your special circumstances documentation, your award package may be modified. Submitting a request for special circumstances does not guarantee any adjustments will be made.

Due to recent guidance issued by the Department of Education, we can no longer accept documentation with any Personally Identifiable Information (PII) via unsecured methods (ie: email). This includes documentation containing social security numbers, date of birth, etc. We are unable to accept documentation by email.

**To expedite processing, please submit all documentation via myCHC Document Upload.
You may also drop-off in person to the Financial Aid Office, St Joseph Hall, First Floor, North Wing.
DO NOT EMAIL.**

Your documentation must contain an original signature. We cannot accept forms containing typed signatures.

If you have any further questions, please contact our office and we will be happy to assist you further





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SECTION A: STUDENT INFORMATION

STUDENT NAME: _____ CHC ID #: _____

ADDRESS: _____
(Street / Apartment) City/State/Zip

PHONE: _____ EMAIL: _____

Please answer the following questions?

1. Did you/your family experience a financial hardship or unusual circumstance in 2023? _____ YES _____ NO
2. Did you/your family experience a financial hardship or unusual circumstance in 2024? _____ YES _____ NO

SECTION B: Special Circumstance Request

Please select one of the following options. Based on the option you choose, follow the instructions under the “REQUIRED DOCUMENTATION” column. You must submit a complete application, with original signatures and required documentation, otherwise your application will be considered incomplete and your appeal request will be denied.

Please select your circumstance	Required documentation
___ Significant loss of income due to termination or change in employment If loss occurred in 2024, you must submit this special circumstance form at least 8 weeks from the date of termination or change in employment	<ul style="list-style-type: none"> ▪ Submit a signed statement explaining the circumstance including dates ▪ Submit statement documenting retirement benefits ▪ Submit a letter from employer documenting employment status (full/part time/hour or salary reduction, termination) ▪ Submit a copy of your unemployment benefits statement ▪ Submit a copy of the last pay stub after separation from job ▪ Submit copies of documentation regarding severance pay ▪ Submit documentation of any other income received in the household ▪ Submit a signed copy of your 2021 Federal Tax Return and W-2’s ▪ Submit a signed copy of your 2022 Federal Tax Return and W-2’s ▪ Submit any other supporting documentation (Worker’s Compensation, Disability, Disaster caused unemployment documentation)
___ High or unreimbursed medical and/or dental expenses paid Elective cosmetic or dentistry expenses will not be considered	<ul style="list-style-type: none"> ▪ Submit a signed statement explaining the circumstances ▪ Submit a summary of PAID unreimbursed medical expenses (deductible, co-pays, after tax insurance, prescription medications, expenses for durable medical equipment, and other amounts not covered by insurance) ▪ Submit copies of Cobra payments made ▪ Submit any other supporting documentation
___ Death of immediate family member whose information is on the FAFSA	<ul style="list-style-type: none"> ▪ Submit a signed statement explaining the circumstances ▪ Submit a clear copy of death certificate ▪ Submit a signed copy of your 2021 Federal Tax Return ▪ Submit a signed copy of your 2022 Federal Tax Return ▪ Submit any other supporting documentation (ie: Obituaries)





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STUDENT NAME: _____ CHC ID #: _____

Please select your circumstance	Required documentation
<p>___ Divorce or separation after filing the 2024-2025 FAFSA</p>	<ul style="list-style-type: none"> ▪ Submit a signed statement explaining the circumstance ▪ Submit a copy of a divorce decree or separation agreement. If no documentation exists, provided a signed statement indicating the date of separation/divorce ▪ Submit proof of separate address for both parents (i.e.: oil bill, cable bill, gas bill, water bill, electric bill, etc.). Credit card bills or medical bills are not valid proof ▪ Submit agreement of financial support payments, such as: alimony, child support, spousal support, dependent care ▪ Provide a list of family members, their age and relationship to the student, who currently live in the household, including if any of them will be attending college at least half time during the 2024-2025 academic year ▪ Submit a signed copy of your 2021 Federal Tax Return ▪ Submit a signed copy of your 2022 Federal Tax Return ▪ Submit any other support documentation
<p>___ High education or family expenses</p>	<ul style="list-style-type: none"> ▪ Submit a signed statement explaining the circumstances ▪ Documentation from private school showing enrollment status of students, expected graduation date, and cost of education. Do not include college education ▪ Submit a detail listing and documentation proving support to the student during the academic year ▪ Submit private elementary school billing statements and proof of payments such as cancelled checks, wire transfer records, etc. ▪ Secondary special education, please provide supporting documentation proving student is required to attend school and of all expenses in 2021 and 2022 ▪ Submit any other supporting documentation
<p>___ Other circumstances</p> <p>We are unable to consider appeals based on circumstances that include but not limited to: high consumer debt, personal expenses (pets, cars, housekeepers, vacations, sports, etc.), fraternity or sorority expenses, roof replacement, car replacement, expenses that have not yet occurred, rent, mortgage, insurance, etc.</p>	<ul style="list-style-type: none"> ▪ Submit a signed statement explaining the circumstances ▪ One Time Lump Sum: Provide detailed explanation and support documentation. ▪ Withdrawal of IRA/Pension in 2021, 2022, or 2023: provide detailed explanation of reason and support documentation such as copy of 1099R or statement from IRA/Pension company ▪ Submit any other supporting documentation

Please answer the following question:

1. If you are claiming a significant loss of income due to termination or change in employment, have you/ your parent returned to work in 2024? ___ YES ___ NO ___Not Applicable
 - a. Submit a letter from your current employer, on official letterhead with valid contact information, verifying your start date, hours, and salary.
 - b. Submit a copy of your most recent paystub(s).





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STUDENT NAME: _____ CHC ID #: _____

SECTION C: Student/Parent Certification

In order for us to process your request, you must read and sign your application. Original signatures are required by the student and at least one parent. We will not accept forms or documentation with electronic signatures. If you are deemed independent by Department of Education (ED) or Chestnut Hill College, only the student will need to sign.

- I/We agree that if any changes occur we will notify the Financial Aid Office immediately in writing.
- I/We understand that the submission of an appeal does not release the student from the responsibility of staying current with their bill and understand that there is no guarantee that an appeal will be approved.
- I/We understand that the appeal will be reviewed within 2 to 3 weeks from the time all documentation is received and that additional processing time may be necessary in the event more information is required. The Financial Aid office will notify the student via email the outcome of the appeal decision.

Please Read Carefully: By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that if I purposely give false or misleading information on this worksheet it may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment, or both, under provisions of the United State Criminal Code and disciplinary actions by Chestnut Hill College. If I have any questions or concerns, I will contact Chestnut Hill College (CHC) Financial Aid Office immediately. **Your documentation must contain an original wet signature.**

Student Signature: _____ (required)

Student Name (print): _____

Date: _____

Parent Signature: _____ (required)

Parent Name (print): _____

Date: _____

