

UMass Chan Medical School Special Circumstances Appeal 2024-2025

Guidelines and Instructions:

Your eligibility for need-based financial aid has been determined according to federal regulations and university policies governing financial aid programs. Using the information that you provided on the FAFSA, CSS/Financial Aid PROFILE, parent tax returns and/or other supporting documentation, we have calculated your Student Aid Index (SAI) and awarded financial aid appropriately.

We recognize that a family's income is not always consistent and that financial situations may change due to unforeseen circumstances. You may request a review of your financial aid application materials due to significant changes in your family's circumstances that affect your ability to contribute to university costs by completing this Special Circumstances Appeal Worksheet and submitting supporting documentation.

Please complete all sections of this form as accurately as possible. If you have not already submitted a 2024-25 FAFSA, 2024-25 CSS/Financial Aid PROFILE, complete copies of the parents' signed 2022 Federal Tax Return and W-2s and a 2024-25 UMass Chan Application for Financial Aid, you must do so now.

The information presented in this appeal should be new information or information that has changed significantly from your initial application. We cannot consider appeals based on credit card debt, car or mortgage payments, wedding/celebration expenses, private school costs, vacations, veterinary costs, or other discretionary expenses.

Submission of this appeal does not guarantee an increase to your financial aid package.

Once the Office of Financial Aid reviews the submitted documentation and makes a determination, we will notify you in writing. Additional aid will be considered for students on a funds available basis when the calculations result in higher financial need. Please note, additional scholarship funds will only be offered if a student has taken advantage of all other sources of need-based financial aid.

If you have any questions, please contact our office at 508-856-2265 or financialaid@umassmed.edu.

The completed Financial Aid Appeal Worksheet and all required supporting documentation should be submitted to:

UMass Chan Medical School
Office of Financial Aid
55 Lake Ave. North S1-430
Worcester, MA 01655
FAX: 508-856-1899
EMAIL: financialaid@umassmed.edu

UMass Chan Medical School 2024-2025 Special Circumstances Appeal Guidelines and Worksheet

Student Name: _____ Last 4 digits of SSN: _____

Parent(s)' Name(s): _____ Day Phone Number: _____

The completed Financial Aid Appeal Worksheet and all required supporting documentation should be submitted to:

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Part I. Student Appeal (to be completed by student)

Check the box that best describes your situation and provide copies of the documentation indicated and proceed to Part IV.

- Student's actual income for 2023 was significantly less than 2022.
Attach a copy of student's signed 2023 Federal Tax Return and all 2023 W-2s
- Student's projected income for 2024 will be significantly less than 2022. Provide explanation: _____

List your projected yearly income for each of the following periods. Do not leave any space blank. Enter "0" if you will have no earnings for a particular period.

1/1/24 to today: \$ _____ Today to 12/31/24 \$ _____

Provide most recent paystubs from any employment or documentation of other income for the time periods above.

Part II. Parent Appeal (to be completed by parent)

Check the box (es) that best describes your situation and provide copies of the documentation indicated.

- Parents' actual income for 2023 was significantly less than 2022.
Attach a copy of parents' signed 2023 Federal Tax return and all 2023 W-2s and proceed to Part IV.
- Parents' projected income for 2024 will be significantly less than 2022 for the following reason(s) (check box, provide information and documentation and proceed to Part III):
 - Parent is currently unemployed. Unemployed parent is: Father/Stepfather Mother/Stepmother
Date employment ended: _____

Attach letter of termination, documentation of severance and unemployment benefits and most recent paystub for each parent in the household regardless of which parent experienced the income adjustment.

- Untaxed income or benefits received have ended (i.e. unemployment, social security benefits, housing allowance, etc.).
Date of termination: _____

Attach documentation from the agency providing the benefits.

- Extraordinary unreimbursed medical and/or dental expenses.
Amount for 2023 or 2024 calendar year: _____

Attach a detailed letter and supporting documentation of the paid unreimbursed expenses (i.e. invoices, receipts, etc).

- One-time capital gain or IRA/pension distribution.

Please attach a letter explaining the circumstances that resulted in the capital gain/distribution.

The letter must indicate that both the circumstances and capital gain/distribution are one-time occurrences, which did not occur in 2022 and will not recur in 2023 and 2024.

- Death of a parent. Date: _____

Attach copy of death certificate and documentation of any death benefits received.

- Other _____

If none of the above categories describe your family's situation, please attach a detailed letter of explanation and provide documentation of the current circumstances.

Part III. Projected 2024 Income

Complete this section if you are appealing based parents expected income being less in 2024. Do not complete if appealing based on 2023 income.

Provide information for all income categories and for *both* parents in the household, not just the income elements that have changed. Enter "0" if no income of a certain type is expected.

Attach documentation for your figures (i.e. most recent paystubs for both parents, severance benefits letter, unemployment benefits statement, etc.) Estimated 2024 Taxable Income

	Estimated 2024 Income (1/1/2024 - 12/31/24)
Parent 1's 2024 work income	\$ _____
Parent 2's 2024 work income	\$ _____
Severance compensation	\$ _____
Unemployment compensation	\$ _____
Interest and dividend income	\$ _____
Business or real estate income/ loss	\$ _____
Taxable IRA/pension/annuity distribution	\$ _____
Other taxable income	\$ _____
Total Estimated Taxable Income 2024	\$ _____

	Estimated 2024 Income (1/1/2024 - 12/31/24)
Estimated 2024 Untaxed Income	
Untaxed Social Security Benefits	\$ _____
Child Support Received	\$ _____
Untaxed Pension Distributions	\$ _____
Payments to IRA/401K/ Other Retirement Plans	\$ _____
Tax Exempt Interest Income	\$ _____
Education Tax Credits	\$ _____
Earned Income Credit	\$ _____
AFDC/ADC/ or TANF	\$ _____
Cash/Gift's Paid on your Behalf	\$ _____
Worker's Compensation	\$ _____
Other untaxed income	\$ _____
Total Estimated Untaxed Income 2024	\$ _____

PART IV CERTIFICATION

The information provided on this form is accurate and complete to the best of our knowledge. We have already provided or will provide our **signed** complete 2022 federal tax returns, including all schedules, W2's and business returns if applicable. We understand that completing this form does not guarantee financial aid will be increased. We also understand that if financial aid is revised based on this appeal information, we may be required to provide documentation of final 2024 income in January 2025, and our financial aid may be revised based on actual year-end income. We agree to notify the Office of Financial Aid if our income changes.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Office Use Only: Documentation complete: Yes No Worksheet complete: Yes No

Comments: _____

FAO signature: _____ Date: _____