

The COVID-19 pandemic has impacted students and families in a variety of ways. To this end, Midland has created a special COVID-19 appeal form to address the unique circumstances affecting students and families that may have occurred since their initial 20-21 FAFSA was filed. Federal FAFSA verification (if selected) must be completed prior to any appeal review.

Please note that non-FAFSA filers may also use this form to apply for possible COVID-19 related funding sources.

Special circumstances are reviewed on a case-by-case basis and with proper documentation. While all appeals will be reviewed, completing this form does not guarantee that you will be determined to have additional need, or that additional financial aid will be offered. If additional aid is offered, Midland reserves the right to determine the amount of aid, which may be less than a specific request. The decision of the Financial Aid Office is final.

**STUDENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**MIDLAND STUDENT ID:** \_\_\_\_\_ **STUDENT EMAIL:** \_\_\_\_\_

**You may be eligible to file a COVID-19 appeal if one or more of the following conditions listed below apply to you. Please check the following circumstance(s) that best describe your situation and complete the required parts of this form.**

<i>COVID-19 CIRCUMSTANCE(S)</i>		<i>REQUIRED</i>
<input type="checkbox"/>	<b>Complete loss income from work as a result of COVID-19. The loss must be for at least six continuous weeks.</b> Student ___ Last date of employment: ___/___/___ Parent 1 ___ Last date of employment: ___/___/___ Parent 2 ___ Last date of employment: ___/___/___ <b>Please attach most recent pay stub or documentation showing year-to date wages and</b>	Part A & B
<input type="checkbox"/>	<b>Significant reduction in work hours/income as a result of COVID-19. The reduction must be for at least six continuous weeks.</b> Student ___ Date of decrease: ___/___/___ Parent 1 ___ Date of decrease: ___/___/___ Parent 2 ___ Date of decrease: ___/___/___ <b>Please attach most recent pay stub or documentation showing year-to date wages</b>	Part A & B
<input type="checkbox"/>	<b>Additional expenses related to COVID-19. (Check all that apply)</b> a. ___ Medical expenses related to COVID-19 hospitalization or care; b. ___ Other reasonable, educationally-related expenses (subject to review and approval of the Midland University Financial Aid Office) <b>Please attach canceled checks, receipts, or billing statements for the expense(s)</b>	Part A & C

*PLEASE TURN OVER TO COMPLETE PART B or C, as well as PART D*

**PART A**

**Please explain the *specific* details of the circumstance(s) you checked on page 1. Tell us whether changes are permanent or temporary, and if/when there may be a possibility for improvement in your situation. If you need more space, please continue on a separate sheet of paper.**

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**PART B**

Please report your total expected income for each type for 2020

<b>INCOME TYPE</b>	<b>STUDENT</b>	<b>SPOUSE</b>	<b>FATHER</b>	<b>MOTHER</b>	<b>TOTAL</b>
<b>Gross Wages</b> 1/1/2020-change date	\$	\$	\$	\$	\$
Change date to 12/31/2020 (est)	\$	\$	\$	\$	\$
<b>Farm Income</b> (net for year)	\$	\$	\$	\$	\$
<b>Business Income</b> (net for year)	\$	\$	\$	\$	\$
<b>Any Other Income</b> (describe) _____ _____	\$	\$	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$	\$	\$

**PART C**

Please report your total additional expenses to date for 2020 related to COVID-19 \$ \_\_\_\_\_

Please attach canceled checks, receipts, or billing statements for the expense(s) if available.

**PART D**

Please report your total financial shortfall to date for 2020 related to COVID-19 \$ \_\_\_\_\_

Please attach canceled checks, receipts, or billing statements for the expense(s) if available.

**CERTIFICATION:**

All information provided on this form and any attachments provided accurately reflect my/our financial situation, including both increases and decreases in income and expenses. I understand that this information will be used to determine eligibility for emergency financial aid related to the COVID-19 pandemic and that I may be asked to provide additional documentation to support these statements.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**IMPORTANT: BEFORE SUBMITTING THIS FORM,** be sure to include clear copies of all supporting documentation. Applicants will be notified if any additional information is needed in order to make a decision. After all information has been reviewed, the student will be notified if there is an adjustment to his/her aid eligibility.

**RETURN FORM AND ACCOMPANYING DOCUMENTATION TO:**

**Financial Aid Office  
Midland University  
900 North Clarkson  
Fremont, NE 68025**

**Please scan and send your documents to: [watson@midlandu.edu](mailto:watson@midlandu.edu)**