

You have indicated that you and/or your family have had a change in circumstances which may affect your ability to pay for your educational expenses at Midland University. Please complete this form to document your circumstances. The Financial Aid Office will review the information provided to determine if and how this situation may affect your eligibility for financial aid for the 2024-2025 academic year. Completing this form does not guarantee that you will be determined to have additional need, or that additional financial aid will be offered. The decision of the Financial Aid Office is final.

DATE: ____/____/____

STUDENT NAME: _____

MIDLAND STUDENT ID: _____

Please check the following circumstance(s) best describing what may affect your eligibility for financial aid and complete the required parts of this form.

CIRCUMSTANCE(S)		REQUIRED
<input type="checkbox"/>	Complete loss of <u>taxable</u> income from work. Last date of employment: ____/____/____	Part A & B
<input type="checkbox"/>	Complete loss of <u>untaxable</u> income (i.e., child support, Social Security) Source of untaxable income: _____ Last date received: ____/____/____	Part A & B
<input type="checkbox"/>	Significant decrease in income. Date of decrease: ____/____/____	Part A & B
<input type="checkbox"/>	Divorce, separation or death. Date this occurred: ____/____/____ (documentation required)	Part A & B
<input type="checkbox"/>	Substantial medical expenses not covered/reimbursed by insurance that exceeds 7.5% of Adjusted Gross Income. (documentation, such as EOBs, required)	Part A & B
<input type="checkbox"/>	Scholarship Appeal	Part A
<input type="checkbox"/>	Cost of Attendance Appeal	Part A
<input type="checkbox"/>	Unusual circumstances, (such as human trafficking, refugee or asylee status, parental abuse or abandonment, incarceration), more commonly referred to as a dependency override	Part A
<input type="checkbox"/>	Other circumstances (short description) _____ _____	Part A & B

PART A

Please explain the *specific* details of the circumstance(s) you checked above. 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.
