



2026-2027 Special Circumstance Appeal

Return to: Manhattan Tech
Office of Financial Aid
3136 Dickens Avenue
Manhattan, KS 66503
P: 785-587-2800
F: 785-670-6043
[Secure File Upload](#)

The Office of Financial Aid at Manhattan Area Technical College recognizes that families may experience a change in their financial situation after the Free Application for Federal Student Aid (FAFSA) has been filed. Through the use of professional judgment, a financial aid administrator may be able to make adjustments to your FAFSA which could result in a recalculation of your eligibility.

Last Name	First Name	Middle Initial	Social Security Number
Address			Email Address
City	State	Zip Code	Phone Number

To ensure consideration of your request, please read the entire form and submit the documentation listed below:

_____ Professional Judgment Appeal Form: submit this document with all appropriate signatures (front and back)

_____ Appeal Letter: Provide a letter of appeal detailing your situation

_____ Verification Form: Submit a signed, completed copy of the appropriate verification form, which can be obtained from our office. Please note if you have already submitted this form for the current academic year, you will not need to re-submit it.

_____ 2024 U.S. Income Tax Return Transcript: Submit a copy of the U.S. Income Tax Return Transcript (request from the IRS www.irs.gov), along with all 2024 W-2 forms. Dependent students must submit tax documents listed above for you and your parent(s)/step-parent. Independent Students must submit tax documents listed above for you and your spouse (if married).

Additionally, review the reverse side of this form and place a check mark beside all situations that may apply. Submit required documentation for each situation that has been checked.

Please note that once the Special Circumstances Appeal Form has been reviewed, additional information may be requested.

Certification Statement: The information I submit in support of this appeal is true and complete to the best of my knowledge. I agree to give proof of all appeal information as indicated above. I understand that approval of this request does not assure approval of a similar future request. I understand that the information provided in past appeals may be reviewed for accuracy and this can impact the outcome of this appeal. Further, the accuracy of the information I submit in this appeal can affect the outcome of any future appeals I submit.

Student Signature	Date	Parent Signature	Date
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Select the situations that apply and submit all appropriate bulleted items below each box checked.

- _____ A. **Decrease in student/spouse income**
- ☐ Must include an estimate of gross income from work between July 1, 2026, and June 30, 2027. (Use the attached worksheet). Student \$ _____ Spouse \$ _____
 - ☐ Documentation of income from other sources, such as unemployment compensation
 - ☐ Copies of most recent pay stubs reflecting the changes to be considered
 - ☐ Termination notice from employer on letterhead with last date of employment
 - ☐ Letter of resignation
 - ☐ DD214 if leaving military service
- _____ B. **Decrease in parent(s) income**
- ☐ Must include an estimate of gross income from work between July 1, 2026, and June 30, 2027. (Use the attached worksheet). Student \$ _____ Parent \$ _____
 - ☐ Documentation of income from other sources, such as unemployment compensation
 - ☐ Copies of most recent pay stubs reflecting the changes to be considered
 - ☐ Termination notice from employer on letterhead with last date of employment
 - ☐ Letter of resignation
 - ☐ DD214 if leaving military service
- _____ C. **Major medical expenses not covered by insurance, already paid out-of-pocket**
- ☐ Copy of Schedule A if you itemized your deductions on your 2024 federal income tax return
 - ☐ Statement from the doctor, hospital, pharmacy, etc. showing personal payments made (may also include premium payments made to insurance companies)
 - ☐ Do not submit credit card bills or insurance statements as this does not demonstrate payments made.
- _____ D. **Business or farm debt**
- ☐ Copy of Schedule C for business or a copy of Schedule F for farm
 - ☐ Letter from bank indicating the total amount of principal paid during 2024. Letter should verify the principal is not being paid by a rotating operating plan.
- _____ E. **Education loan repayment**
- ☐ Repayment of the educational loan began on: _____
 - ☐ Copy of current statement or payment coupon for each loan, showing monthly payment amount
- _____ F. **Divorce/separation**
- ☐ Divorce decree/separation agreement if legally separated
- _____ G. **Lump Sum distribution/non-recurring income that inflated the Adjusted Gross Income**
- ☐ Signed itemized statement of how that income was spent
 - ☐ Copy of 1099-R (if available)
- _____ H. **Temporary maintenance of two households because of employment changes**
- ☐ Proof of rent/ownership (can include a landlord's statement) for both primary and secondary home
 - ☐ Primary and secondary household mortgage/lease bills as well as utility bills
- _____ I. **Tuition payments made for elementary/secondary school costs for younger siblings**
- ☐ Letter from school showing tuition payments for the current academic year
- _____ J. **Bankruptcy (except Chapter 7 and 11)**
- ☐ Copy of court document indicating the amount of required monthly payment and how long payments will continue
 - ☐ Copy of section in court document prohibiting parent from incurring any new debt
- _____ K. **Parent in college at least half-time in a degree-seeking program**
- ☐ Letter from parent's Registrar or Admissions Office verifying parent's degree, enrollment status and expected graduation date
 - ☐ Copies of paid tuition bills or paid receipt from the school.
- _____ L. **Dependent care costs paid for the care of dependent family member(s)**
- ☐ Copy of costs for his/her care or itemized statement of expenses

STUDENT/SPOUSE INFORMATION

Attach wage statements from current and/or former employer(s) showing actual earnings for year-to-date 2026.

Total Expected Taxable Income					
	Actual Amount from 7/1/2026 to _____ (today's date)		Estimated Amount from _____ (tomorrow's date) to 06/30/2027		Yearly Amount
Student's Expected Gross Wages	\$	+	\$	=	\$
Spouse's Expected Gross Wages	\$	+	\$	=	\$
Interest or Dividend Income	\$	+	\$	=	\$
Other Expected Taxable Income	\$	+	\$	=	\$
Alimony Received	\$	+	\$	=	\$
Unemployment Compensation	\$	+	\$	=	\$
Business/Farm Income not included above	\$	+	\$	=	\$
Capital Gains	\$	+	\$	=	\$
Pensions	\$	+	\$	=	\$
Annuities	\$	+	\$	=	\$
Rents	\$	+	\$	=	\$
Taxable Portion of Social Security Payments	\$	+	\$	=	\$
Other	\$	+	\$	=	\$
Total Taxed Income					\$

Student/Spouse untaxed income that will change significantly from the previous year. Attach statement of actual income received and estimates of income to be received for the remaining months.

Total Expected Untaxable Income					
	Actual Amount from 7/1/2026 to _____ (today's date)		Estimated Amount from _____ (tomorrow's date) to 06/30/2027		Yearly Amount
Child Support Received for all children	\$	+	\$	=	\$
Temporary Assistance for Needy Families (TANF)	\$	+	\$	=	\$
Veteran's Benefits (no education benefits)	\$	+	\$	=	\$
Untaxed Social Security Payments	\$	+	\$	=	\$
Other _____	\$	+	\$	=	\$
Total untaxed Income					\$

PARENT INFORMATION

(Complete only if parental information was required on the 2026-2027 Free Application for Federal Student Aid)
 Attach wage statements from current and/or former employer(s) showing earnings year to date 2026.

Total Expected Taxable Income					
	Actual Amount from 7/1/2026 to _____ (today's date)		Actual Amount from _____ (tomorrow's date) to 06/30/2027		Yearly Amount
Parent 1 Expected Gross Wages	\$	+	\$	=	\$
Parent 2 Expected Gross Wages	\$	+	\$	=	\$
Interest or Dividend Income	\$	+	\$	=	\$
Other Expected Taxable Income	\$	+	\$	=	\$
Alimony Received	\$	+	\$	=	\$
Unemployment Compensation	\$	+	\$	=	\$
Business/Farm Income not included above	\$	+	\$	=	\$
Capital Gains	\$	+	\$	=	\$
Pensions	\$	+	\$	=	\$
Annuities	\$	+	\$	=	\$
Rents	\$	+	\$	=	\$
Taxable Portion of Social Security Payments	\$	+	\$	=	\$
Other	\$	+	\$	=	\$
Total Taxed Income					\$

Parent(s) untaxed income that will change significantly from the previous year. Attach a statement of actual income received and estimates of income to be received for the remaining months.

Total Expected Untaxable Income					
	Actual Amount from 7/1/2026 to _____ (today's date)		Actual Amount from _____ (tomorrow's date) to 06/30/2027		Yearly Amount
Child Support Received for all children	\$	+	\$	=	\$
Temporary Assistance for Needy Families (TANF)	\$	+	\$	=	\$
Veteran's Benefits (no education benefits)	\$	+	\$	=	\$
Untaxed Social Security Payments	\$	+	\$	=	\$
Other _____	\$	+	\$	=	\$
Total untaxed Income					\$

Certification Statement: The information I submit is true and complete to the best of my knowledge. I agree to give proof of all the information as indicated above. I understand the accuracy of the information I submit in this worksheet can affect the outcome of any future appeals I submit.

Student Name _____

Student Signature _____

Date _____

Parent Signature _____

Date _____