

2025_2026 Special Conditions Appeal

Name: Student I.D.: Address: Phone:				
for financial aid, students are required to use	e their 2023 tax and income information of luntary reduction of income during the 2	uction of income through the Special Conditi on the 2025–2026 FAFSA. Students may elect 025 or 2026 years. The purpose of this proces	to appeal their eligibility for	
Instructions for Appeal Process				
The Office of Financial Aid will review onl all of the following. (Use the check boxes to Submit a detailed, typed letter ou Indicate the date when the circum Complete the 2025–2026 Verifica Attach all relevant, supporting doc	to keep yourself organized.) tlining the reasons for your appeal; verb nstance began:// ation worksheet. umentation for the reason stated in your ap			
\square 1) Involuntary Job Loss: \square 2) Death of Wage Earner:		□ Unemployment Benefits Statement		
□ 3) Martial Separation: □ 4) Divorce:	□ Utility Bills (dated last 30 days) □ Copy of Finalized Divorce Decree	□ Separate Lease/Mortgage Statements	□ Separate Pay Stubs	
□ 5) Medical/Disability:	□ Medical Bills	□ Workmen's Compensation Statements	Disability Statements	
□ 6) Other:				
 Provide <i>both</i> student/parent or stu Include documentation for your p Most Recent Pay Stub(s) Document any untaxed income for Child Support Statement I Don't Receive Sources of 	orojected income for 2024 and/or 2025: Severance Pay I Don't Have or 2023 and/or 2024: Social Security (SSI/SSD) Benefits	a Current Source of Earned Income	□ WIC Statement	
What Happens After Your Appeal				
• Appeals without supporting docum				
11 2	ppeal decision by email. The RCSJ stude	ommittee may request additional information. ent email address will be used. Results of appe	eals will not be given or discussed	
a new Student Aid Report (SAR)	from the U.S. Department of Education	the reduction in income. The student will rec as well as confirmation from the College.	eive	
Denied appeals will be packaged a Students who shoese to enroll white	<i>e ; e ;</i>	e Special Conditions appeal or have an appeal	denied	
are responsible for all charges on	their account.	e special conditions appear of nave an appea	i demed,	
By signing below, I acknowledge that I have	e read and understand the information pro-	ovided on this form. I also confirm the informa-	ation provided is true and accurate	
Student Signature:		Date:		
	Financial Aid Of	ffice Use Only		
Date Received		ge incomplete, date notice sent to student:		
PJ Decision: □ Approved □ Not App	* .			
FAO Comments:	loved			

Student S	Signature
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	Financial Aid Office Use Only	
Date Received:	If package incomplete, date notice sent to student:	
PJ Decision: Approved Not Approved		
FAO Comments:		CM0120
Financial Aid Officer:	Date:	©RCSJCCCM0120

RCSJ Office of Financial Aid, Gloucester Campus 1400 Tanyard Rd., Sewell, NJ 08080