



NOTRE DAME
OF MARYLAND
UNIVERSITY

2026-2027 Financial Aid Special Circumstances Appeal Form

STUDENT NAME: _____ STUDENT CELL PHONE #: _____

NDMU STUDENT ID: _____

PLEASE NOTE: You must file a Free Application for Federal Student Aid (FAFSA) and receive an award letter before submitting this form.

If your income has recently decreased, or you have special financial circumstances that were not taken into account on your FAFSA, we may be able to reevaluate your financial need based on your actual 2025 tax year income, or a projection of your 2026 income. For dependent students, we consider both student and parent incomes. For independent students, we only consider the student and the spouse's incomes.

You have the right to advise the NDMU Financial Aid Office of changes in family circumstances that you believe impact your Free Application for Federal Student Aid (FAFSA) and, accordingly, your ability to support your education during academic year 2026-2027. Circumstances considered include, but are not limited to, death, financial losses linked to natural disaster not covered by insurance, significant medical or dental out of pocket expenses, one-time income shown on your 2024 IRS 1040 form, losses of income beyond control of the family, and marital status changes. Our goal is to respond to your federal appeal request within **30** business days.

Please Include With This Form

1. A **signed cover letter** noting specific dates of each circumstance and the cost associated with the circumstance.
2. This **form** completed in its entirety, along with signatures of all parties and date.
3. **Documentation** supporting all circumstances included in your cover letter.

Forward your complete packet via email to
FinAid@ndm.edu (as a single PDF document)
or in person at

Notre Dame of Maryland University Financial Aid Office
4701 North Charles Street
Baltimore, Maryland 21210

Examples of Routinely Provided Documentation

- Unemployment benefits statement
- Termination notice
- Memo/letter from employer regarding change or reduction in employment
- Physician's disability statement
- Attorney's statement regarding marital status change
- Court statements regarding/termination of child support
- Social security benefits termination notice
- Death certificate
- IRS 1040s displaying the loss of income or one-time payment
- Copies of paid bills associated with primary home repairs after a natural disaster
- Paid medical/dental bills

Step 1: Please check below all circumstances that apply to your family.

- _____ 1. I experienced a **change in employment** status between 2024 or 2025.
- _____ 2. I **lost income** shown on my 2024 Federal 1040 Form. Please provide a signed copy of your 2024 Federal Tax Return and W-2 forms.
- _____ 3. I experienced a **separation or divorce** from my spouse **after** I signed my 2026-2027 FAFSA.
- _____ 4. My 2024 **out-of-pocket medical or dental** expenses were uncharacteristically high.
- _____ 5. My **mother, father, or spouse died** after I signed the 2026-2027 FAFSA.
- _____ 6. In 2024, I experienced a loss of income associated with a **natural disaster**.
- _____ 7. I have **other circumstances** not captured in the categories noted above. Please provide detailed explanation.



Step 2: Provide an **estimate** of the income you expect to receive in 2026 or provide your actual 2025 income.
(Enter \$0 if item does not apply.)

DEPENDENT:

Father's/Step-Father's Income from work: _____

Mother's/Step-Mother's Income from work: _____

Student's Income from work: _____

Other taxable income: _____ Source: _____

Untaxed income or benefits (Social Security, Worker's Compensation, AFDC, Child Support, etc.): _____

Other untaxed income: _____ Source: _____

INDEPENDENT:

Student's Income from work: _____

Spouse's Income from work: _____

Other taxable income: _____ Source: _____

Untaxed income or benefits (Social Security, Worker's Compensation, AFDC, Child Support, etc.): _____

Other untaxed income: _____ Source: _____

Certification Statement: We the undersigned certify that the information on this form is true and complete to the best of our knowledge. We acknowledge that failure to provide appropriate documentation will result in an inability to consider this request for additional federal financial aid.

Student Signature: _____ Date: _____

Parent/Spouse Signature: _____ Date: _____

Parent's Cell Phone (if applicable): _____

Question/Concerns? Contact the Financial Aid Office at FinAid@NDM.edu