

Office of Financial Aid

Use this form to initiate an appeal for a Special Circumstances Review of Finances if you have experienced a significant change in your family's financial condition or general circumstance.

Information for Completing the Soka Special Circumstances Request for Review

Special financial circumstances that Soka's Office of Financial Aid will consider an appeal for:

- Divorce and/or Legal Separation
- Death of custodial parent
- Changes in financial circumstances due to:
 - Unemployment or significant pay cut
 - Disability of parent
 - One-time loss of income
 - Loss of child support payments
 - Loss of assets due to unforeseen circumstances
 - Other income reduction that can be justified and documented
 - Loss of income due to COVID-19

Financial circumstances not considered for appeal by Soka's Office of Financial Aid:

- Consumer debt
- Private elementary, middle, or high school tuition
- Voluntary termination of employment

Review Request Processing

Soka will begin reviewing requests in June. Upon reviewing the family circumstance and supporting documentation, the Office of Financial Aid will decide whether the appropriate data elements should be adjusted to best reflect the anticipated income/assets available to your family. If we make adjustments, your financial aid will be revised to include eligibility for grants and loans based upon your new Student Aid Index (SAI). You will be notified once your request has been reviewed.

Please note: There is no guarantee your request will be processed in time to meet the fall semester tuition deadline! Therefore, you may need to access the financial aid you have already been offered in order to pay your bill. In this situation, any adjustments made as a result of your appeal will be applied retroactively to the fall semester financial aid package you have already received.

Office of Financial Aid

Name (Last, First, MI): _____ SUA Student ID#: _____

Special Circumstance Financial Time Period Comparison

Please check the appropriate box below to indicate the time period that includes the special circumstance which has impacted you or your parent's financial situation. This will be the time period that financial information will be required for, and used for review.

| "Application" Financial Period | Select the "Impacted" Financial Period |
|--------------------------------------------------|-----------------------------------------------------------------|
| Time Period BEFORE Special Circumstance occurred | Time Period that INCLUDES Special Circumstance |
| Calendar Year 2023 (1/1/23 – 12/31/23) | <input type="checkbox"/> Calendar Year 2024 (1/1/24 – 12/31/24) |
| | <input type="checkbox"/> Calendar Year 2025 (1/1/25 – 12/31/25) |

Need for Documentation

"Application" Financial Period

The Soka Financial Aid department will typically have the financial documentation necessary to represent the "Application Financial Period". If additional documentation is needed, the Financial Aid department will request documentation.

"Impacted" Financial Period

The Financial Aid department will typically NOT have documentation representing the "Impacted Financial Period", and will require these documents to be submitted for review. See the document requirements for each specific situation in the following section, and submit as required.

Please note: If your "impacted" financial period includes future dates (upcoming dates later in the impacted year), please provide **projections** of expected income for this time period.

Office of Financial Aid

Name (Last, First, MI): _____ SUA Student ID#: _____

Select the Special Circumstance for Review

Check the box that represents the Special Circumstance to be reviewed for. Follow the instructions listed for the selected circumstance, and submit the requested documents.

☐ **Divorce or Separation**

Please provide a letter explaining the following information:

- Date of divorce/separation
- List of current household members
- Amount of alimony and/or child support received per month; and when payments began or are expected to begin
- Amount that each parent earned during the “impacted” time period. Please provide a copy of your parent’s income tax return and copies of wage statements for both parents’ earnings during the “impacted” time period.

☐ **Loss of Employment or other income:**

- **Loss of one-time income** (e.g., capital gain from property sale, withdrawal of IRA or retirement benefits, etc.)
 - Please provide a letter explaining the type and amount of one-time income that existed during the “application” time period that will not re-occur during the “impacted” time period. In addition to the letter of explanation, please provide supporting documents that show the loss of employment or income.
- **Loss of child support**
 - Please provide a letter explaining the loss of child support received in during the “application” time period that will not re-occur during the “impacted” time period. In addition to the letter of explanation, please provide supporting documents that show the loss of support.
- **Unemployment or significant drop in income**
 - Please provide a letter explaining the decrease in income from the “application” time period to the “impacted” time period. In addition to the letter of explanation, please provide the following supporting documents:
 - Letter from employer(s) indicating date of employment termination or reduction
 - Copy of parents’ income tax return transcript for the “impacted” time period
 - Copy of last pay stub from previous employment (including year-to-date earnings)
 - Documentation of severance and/or unemployment benefits
 - Complete the ***Estimated Itemization of Resources*** information in the following section of this form

Office of Financial Aid

Name (Last, First, MI): _____

SUA Student ID#: _____

Select the Special Circumstance for Review (continued)

☐ Death of Parent

Please provide a copy of death certificate along with documentation of any death benefits and insurance payments received. In addition, please provide a copy of your parent's income tax return for the "impacted" time period along with copies of wage information for both parents during the "impacted" time period. You can provide W-2 forms for domestic students or annual wage summary forms for international students.

☐ Loss of Asset

Please provide a letter explaining the reason why the asset has been lost and how the loss affects the ability to contribute to the student's cost of education. In addition to the letter of explanation, please provide supporting documents that show the loss of asset.

☐ Unusual Expenses

Please provide a letter explaining the unusual expenses and how it affects your ability to contribute to the student's cost of education. In addition to the letter of explanation, please provide supporting documents that explain the expense.

Office of Financial Aid

Name (Last, First, MI): _____ SUA Student ID#: _____

"Impacted" Time Period Estimated Resources

Complete this section **ONLY** if your special circumstance is one of the following:

- Unemployment or significant drop in income
- Disability of a parent

Provide an estimated itemization of all resources (taxable and non-taxable) that your family received during the "impacted" time period.

| Description of Taxable Income and Resources | Parent 1 | Parent 2 |
|---------------------------------------------|----------|----------|
| Wages, salaries, and tips | | |
| Severance payment | | |
| Unemployment benefits | | |
| Retirement, pension, and annuities | | |
| IRA , 401K, and 403B distribution | | |
| Alimony | | |
| Other** (specify): | | |
| Other** (specify): | | |
| TOTAL | | |

**Other income could include: capital gains partnerships, S-corporation trusts, rents, royalties, and business/farm income. If this is a negative amount, attach an explanation and supporting documentation. Requests that include projected loss of income due to investments such as real estate, business partnerships and/or capital losses may be processed, but we will place a hold on academic spring term funding until you file and submit a the appropriate federal income tax return transcript to our office. If your projections are underestimated, you will be billed for part or all of the aid you were awarded.

| Description of Non-taxable Income and Resources | Parent 1 | Parent 2 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| Wages, salaries, and tips | | |
| Disability and Worker's Compensation | | |
| Social Security Benefits (specify type) _____ | | |
| Child Support received | | |
| Foreign income | | |
| Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits) | | |
| Other (specify): | | |
| Other (specify): | | |
| TOTAL | | |

Office of Financial Aid

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SUBMISSION INFORMATION

1) If you are a current Soka student, or an admitted Soka applicant, please review all "To Do List" items for incomplete items or missing documents at:

<http://learn.soka.edu>

- Locate the **"To Do List"** section on the right of the screen.
- Click the **'more'** link to display an extended list of your To Do List items.
- Incomplete documents will display with a status of **"Initiated"** or **"Notified"**.

2) Return this completed form to the Soka University Office of Financial Aid.

Please mail this form, or deliver this form in-person, along with include any supporting documents.

If you choose to submit information via email, SUA will not be responsible for any data security breach, and we may still request that you submit original documents.

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Applications can be mailed or delivered in-person to: Soka University of America Office of Financial Aid Founders Hall, Room 216 1 University Drive Aliso Viejo, CA 92656 USA | Website: www.soka.edu/financialaid Email: financialaid@soka.edu Phone: (949) 480-4342 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

For more information, please visit our website at: www.soka.edu/financialaid

SIGNATURE(S)

By signing this form, we certify that all the information reported on this application is complete and accurate to the best of our knowledge. Some information may be an estimate and will be confirmed and/or updated by the submission of verification documents (i.e., tax returns, bank statements, etc.) I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and that I may be subject to a fine. (If you were 18 years of age as of Jan 1 of this year; your parents do not need to sign this form.)

| | | |
|----------------------|-------------------|------|
| Student Name (print) | Student Signature | Date |
| Parent Name (print) | Parent Signature | Date |