



## 2010-2011 SPECIAL CIRCUMSTANCES/APPEALS FORM

Print Student's Name \_\_\_\_\_ PC ID# \_\_\_\_\_

**SECTION A: SPECIAL CIRCUMSTANCES FOR CONSIDERATION:** Please review and indicate which Special Circumstance applies to you. Documentation listed as required but not submitted will cause a delay in our ability to review your request until every required document has been received.

SPECIAL CIRCUMSTANCE	FOR A DEPENDENT STUDENT	FOR AN INDEPENDENT STUDENT	REQUIRED DOCUMENTATION
Loss of Employment	Your parent(s') and your income earned in 2010 will be less than that earned in 2009.	Your (and/or your spouse's) income earned in 2010 will be less than that earned in 2009.	Complete signed copies of: - 2009 Federal Tax Return, including all schedules - W-2 Wage statements for parent(s)/student - Last pay stub showing year-to-date earnings - Termination notice from employer - Benefit notice from employment office
Other Loss of Income -Alimony -Child Support -Retirement/Pension -Social Security (taxed) -Worker's Compensation	Your parent(s) or you received benefits in 2009 which have ceased or been reduced in 2010.	You (and/or your spouse) received benefits in 2009 which have ceased or been reduced in 2010.	Complete signed copies of: - 2009 Federal Tax Return, including all schedules - W-2 Wage statements for parent(s)/student - 2009 Benefit statement listing total amount received - 2010 Benefit statement listing updated amount to receive and effective date
Separation or Divorce	Your parents separated or divorced AFTER filing the FAFSA but no later than 12/31/2010.	You and your spouse separated or divorced AFTER filing the FAFSA but no later than 12/31/2010.	Complete signed copies of: - 2009 Federal Tax Return, including all schedules - W-2 Wage statements for parent(s)/student - Divorce decree or separation agreement or proof of separate addresses
Death of a Parent or Spouse	A parent has died AFTER filing the FAFSA.	Your spouse has died AFTER filing the FAFSA.	Complete signed copies of: - 2009 Federal Tax Return, including all schedules - W-2 Wage statements for parent(s)/student - Death certificate
Medical/Dental Expense If expenses exceed 11% of Adjusted Gross Income (AGI).	Your parent(s') or your medical expenses paid in excess of 11% of AGI in 2009.	Your (and your spouse's) medical expenses paid in excess of 11% of AGI in 2009.	Complete signed copies of: - 2009 Federal Tax Return, including all schedules - W-2 Wage statements for parent(s)/student - Proof of medical bill payments - Letter from insurance company showing medical expenses not covered.
One Time Payment Received	Your parent(s) received a one-time lump sum payment of monies in 2009.	Your (and your spouse's) received a one-time lump sum payment of monies in 2009.	Complete signed copies of: - 2009 Federal Tax Return, including all schedules - W-2 Wage statements for parent(s)/student - Documents detailing One Time Payment amount, source, and reason.
Other Circumstances or Appeals for financial aid	Additional financial Aid is being requested For the 2010-11 Academic year.	Additional financial Aid is being requested For the 2010-11 Academic year.	- Letter of appeal from student - Supporting documentation - Award letter from other institution if appeal is based competitive

**SECTION B: EXPLANATION OF SPECIAL CIRCUMSTANCES:** You must attach a written statement detailing the specifics of your circumstances and providing any pertinent information that will help us better understand your particular situation. Make sure to sign your written statement once completed.

**SECTION C: PROJECTED INCOME & BENEFITS FROM JANUARY 1, 2010 TO DECEMBER 31, 2010**

<b>Source of Income:</b>	(Step) Father	(Step) Mother	Student	Student's Spouse
Wages, Tips, Salary	_____	_____	_____	_____
Interest and/or Dividend Income	_____	_____	_____	_____
Business/Farm Income	_____	_____	_____	_____
Unemployment Compensation	_____	_____	_____	_____
Worker's Compensation	_____	_____	_____	_____
Pensions and/or Annuities	_____	_____	_____	_____
Severance Pay	_____	_____	_____	_____
Retirement Benefits	_____	_____	_____	_____
Disability Benefits	_____	_____	_____	_____
Social Security Benefits (taxable)	_____	_____	_____	_____
Child Support	_____	_____	_____	_____
Alimony	_____	_____	_____	_____
Welfare Benefits	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
<b>TOTAL OF ALL INCOME:</b>	_____	_____	_____	_____

COMPLETE ONLY IF YOUR SPECIAL CIRCUMSTANCE IS FOR MEDICAL/DENTAL EXPENSES PAID IN 2009.

Medical/Dental Expenses in 2009 \$ \_\_\_\_\_

COMPLETE ONLY IF YOUR SPECIAL CIRCUMSTANCE IS FOR A ONE -TIME LUMP SUM PAYMENT RECEIVED IN 2009.

Amount of Lump Sum received in 2009 \$ \_\_\_\_\_

**SECTION D: STATEMENT OF CERTIFICATION**

All of the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide further documentation to substantiate the information provided. I understand that all special circumstances are reviewed on a case-by-case basis and this written request does not guarantee approval and/or may not ultimately result in actual change of my financial aid already offered. (All persons providing information must sign below.)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Spouse Signature (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (if student is dependent)

\_\_\_\_\_  
Date

**HAVE YOU PROVIDED ALL OF THE FOLLOWING?**

- Written Detailed Statement of Circumstance
- Tax Returns, Schedules, and W-2 Wage Statements
- All Required Documentation as Indicated
- Appropriate Signatures on ALL Forms
- Student's Name and Date of Birth on ALL Forms

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