

2010-2011 Special Circumstance Form

Student Name: _____ ID: _____ Date: _____

You have requested a review of your Student Aid Report (SAR) because you believe that special circumstances exist in your and/or your family's financial situation which are not adequately explained on the SAR. Please complete the form below.

Step 1 asks that you tell us which circumstances apply to you and **Step 2** asks for detailed information about your situation.

Documentation must be submitted in all cases. Incomplete applications cannot be processed and will delay your request.

***A 2009 federal tax return and W-2 forms for you and your parents (if dependent) MUST be attached along with a verification worksheet if not already completed to all requests.**

Step 1:

Please check which situation(s) below applies to you and complete the corresponding sections under Step 2.

Unusual Medical and Dental Expenses

Extended Family Support

Elementary and Secondary Education and Dependent Care

Unusual Debts

Income Reduction

Other (See Note 1, Page 3): _____

Step 2:

Unusual Medical and Dental Expenses

1. How much did you pay for your medical/dental insurance in 2009? \$ _____
(Do not include employer's contribution.)

2. What were your 2009 medical/dental expenses not paid by insurance? \$ _____

3. Please explain if your unreimbursed medical/dental expenses will be lower, the same, or higher in 2010, and why.

4. From what sources will you finance these expenses? _____

Required for review: You must submit copies of medical and dental bills; copies of insurance payments; and copies of prescription costs plus a summary cover sheet itemizing these expenses by category.

Extended Family Support

1. Do you contribute financial support to relatives not counted as a member of your household? _____ Yes _____ No
If yes, please complete the grid below for each relative indicated.

2. Please explain if these expenses will be lower, or higher in 2010 compared to 2009, and why. _____

3. From what sources will you finance this support? _____

Name of Supported Relative	Age	Relationship	Support Began (Month/Year)	Support Ends (Month/Year)	Amount You Pay (Month/Year)	Amount Paid by Other Sources	Reason for Support

Required for review: You must submit copies of taxes; copies of expenses; and copies of agreements of support.

Elementary and Secondary Education and Dependent Care

1. Did you pay for elementary or secondary education expenses or dependent care expenses in 2009? ____ Yes ____ No
2. List family members and the amount of relevant support given for each by completing the grid below.
3. Please explain if these expenses will be lower, the same, or higher in 2010, and why. _____

4. From what sources will you finance these expenses? _____

Name of Supported Family Member	Age	Relationship	Child Care Expense	Elementary Education Expense	Secondary Education Expense	Adult Dependent Care Expense	Total 2006 Annual Expense

Required for review: You must submit copies as applicable: tuition statements (elementary through high school are acceptable, not college); copies of child care expenses.

Unusual Debts

1. Do you or your parents have unusual debts or loans for which you or they are currently making monthly payments? *(including mortgages or credit card debts to cover unemployment expenses or failed businesses; legal fees for divorce, adoption, etc.; education loans of parents or spouses; or personal debts for nondiscretionary expenses.)* ____ Yes ____ No
2. If yes, list type and purpose of debt, total amount owed, and amount of monthly payment on the grid below.
3. Please explain if these expenses will be lower, the same, or higher in 2010, and why. _____

4. From what sources will you finance these expenses? _____

Type or Cause of Debt and Who Owes	Amount of Original Debt	Date Incurred (Month/Year)	Balance Owed on Debt	Date Payments Began	Monthly Payment	Holder of Debt (Lender)	Date Payments End (Month/Year)

Required for review: You must submit copies as applicable: copies of bankruptcy agreements; copies of unemployment status; copies of mortgage payments; copies of educational loan payments; copies of legal payments.

Income Reduction

1. Will your income and/or your spouse's or parent's income be less in 2010 than in 2009 for any of the reasons listed in #2 below? ____ Yes ____ No
2. Please circle the appropriate reason and attach an explanation, giving the date of the change in your situation. _____
(See Note 2, Page 3) Date
 - a. Unemployment or change in employment
 - b. Divorce/separation
 - c. Death of spouse or parent
 - d. Disability of student, spouse, or parent
 - e. One-time income (examples: inheritance, moving expense allowance, prior-year Social Security payments, or IRA/pension distribution)

Income Reduction - CONTINUED

3. If **2e** is circled, identify amount and source of income and how funds were spent or invested. **Amount:** _____

4. If **2a, 2b, 2c, or 2d** are circled, please complete the grid below (actual and projected income) for the period **January 01, 2010 to December 31, 2010.**

5. If you or your parent are divorced or separated, give only your information or the information of the custodial parent.

6. If the loss of income was due to the death of your spouse or parent, give only your information or the information of your surviving parent.

Actual & projected income 01/01/10 – 12/31/10 (Please complete as appropriate)	FATHER	MOTHER	STUDENT	STUDENT'S SPOUSE
Wages, salaries, tips (Any income from work, disability payments)* <i>See Note 3 Below</i>				
Unemployment compensation or severance pay <i>*See Note 4 Below</i>				
Other taxable income Please describe: _____				
Untaxed Social Security benefits				
Aid to Families with Dependent Children (AFDC)				
Child support received				
Other untaxed income Please describe: _____				
TOTAL ANTICIPATED INCOME				

Required for review: You must submit copies as applicable: copies of unemployment benefits; copies of unemployment status; copy of death certificate; copy of divorce or separation agreement; copy of disability status and benefits; copy of one-time income information; copies of pay stubs; copies of social security benefits; copies of support agreements.

NOTE 1: Please provide below a detailed explanation of any situation listed under “Other” on Page 1.

NOTE 2: Please provide below an explanation for the item circled under Income Reduction, No. 2.

NOTE 3: Please provide below a detailed breakdown showing how you arrived at your earnings estimate. For example, total hours worked, hourly rate, or gross salary per month times number of months employed.

NOTE 4: Please provide below a detailed breakdown illustrating how you arrived at the sum of unemployment compensation; for example, weekly amount times number of weeks.

Please use the space below to explain the circumstances you want reviewed:
