



REQUEST FOR REVIEW OF SPECIAL CIRCUMSTANCES 2009-2010

Student's Name _____ SSN: _____
 (Please Print)

I. You may use this supplemental application to request a review of extenuating circumstances not represented on your original **2009-2010** Free Application for Federal Student Aid (FAFSA). Use this form if you/your family's financial situation recently changed for the worse because of:

- Loss or reduction of employment of student, spouse, or parent
 Write in the date that employment was terminated _____/_____/_____
(Please enclose letter from former employer(s) and/or copies of most recent pay stubs indicating amounts and effective date of termination.)

- Loss or reduction of untaxed income or benefits
 Write in the date that income was terminated _____/_____/_____
(Please enclose letter from the agency, which provides the benefits indicated and the effective date of change.)

- Separation or Divorce
 Write in the date of separation/divorce _____/_____/_____

- Death
 Write in the date that your spouse/parent died _____/_____/_____

- 2009 or 2010 medical/dental expenses not paid by insurance
Provide copies of cancelled checks and/or paid receipts \$ _____

- 2009 or 2010 elementary, junior high, and high school tuition paid (don't include tuition paid for applicant) Provide copies of cancelled checks and/or paid receipts. \$ _____

1. Name of school _____

2. Additional school _____

3. Name and age of child/children:

Other unusual circumstances (Explain): _____

Please complete the section on the **reverse side** of this form regarding the change(s) in your financial situation.

Please provide information for the period of January 1, 2009 to December 31, 2009. Be as realistic as you can when you calculate expected income. Additional documentation may be required.

NOTE: Expected 2009 Income and Benefits for the entire calendar year:

*If you filed your Free Application for Federal Student Aid (FAFSA) as an independent student, do not include the parental information.

	STUDENT/SPOUSE	PARENTS
2009 Expected income from work	\$ _____ (Student)	\$ _____ (Father)
2009 Expected income from work	\$ _____ (Spouse)	\$ _____ (Mother)
2009 OTHER EXPECTED TAXABLE INCOME:		
Unemployment benefits	\$ _____	\$ _____
Other (List)	\$ _____	\$ _____
_____	\$ _____	\$ _____

2009 EXPECTED UNTAXED INCOME AND BENEFITS:

Social Security	\$ _____	\$ _____
AFDC/ADC	\$ _____	\$ _____
Child Support	\$ _____	\$ _____

READ & SIGN: All of the information on this form is true and complete to the best of my knowledge. If asked, I will submit proof to verify the information I have provided. I understand that if I do not provide this information, my request for review of special circumstances will not be processed. I also understand that this document will NOT hold any classes for the student during processing. I understand that when I am awarded financial aid, I may use this aid for my educational expenses. If my Special Circumstances are approved, any or all of my previous funding may be revised.

Student Signature	Date	Parent Signature	Date
-------------------	------	------------------	------

IMPORTANT NOTE:

- Submit a completed Dependent/Independent Verification Form**
- Submit a copy of your & your parent's/spouse 2008 Federal Income Tax Return.**
- If you filed your Free Application for Federal Student Aid (FAFSA) as an **independent student**, do **not** include your parent's taxes.
- This application cannot be reviewed until we receive the required documentation, which can include divorce decree, death certification, physician's statement, medical receipts, employer's letter, etc.
- The Request for Special Circumstances can take four to six week to process
- Your classes will **NOT** be held while this request is being processed
- Documentation regarding your change in economic circumstances