2011 – 2012 Request for Review of Special Circumstances

You may use this form to request a review of extenuating circumstances which were not reflected on your 2011 – 2012 financial aid application (FAFSA). We will begin accepting the form on 6/1/2010. The last day to submit is 4/15/2012 (for the academic year or spring term) or 11/15/2011 for the fall term.

Before completing the remainder of this form, be sure that you and/or your spouse or parent(s) meet one of the following conditions:

Mark an “X” in the box that reflects your circumstances:

☐ Student, student’s spouse, or student’s parent(s) was employed full-time in 2010 but has been unemployed for at least 10 weeks or had an income reduction in 2011. Go to Section I and complete all items that apply.

☐ Student, student’s spouse, or parent(s) received benefits (such as Child support) in 2010 and has lost those benefits in 2011. Go to section II and complete all items that apply.

☐ Student, or student’s parent(s) have become separated/divorced after filing the FAFSA; or there has been a death of the spouse or a parent. Go to section III and complete all items that apply.

SECTION I: REDUCTION OF INCOME

A. The STUDENT and/or spouse will have a significant loss of income in 2011. (Parents, if applicable, complete section B)

Attach the following:
A personal written statement which explains the employment history for the person who has a reduction in income during 2011. Provide the dates of employment, the number of hours worked per week, and current employment status.

Provide a photocopy of your 2010 Federal Tax Return and W-2 Forms, if you have not already done so.

A letter from the former employer verifying the last date of employment. If this change is regarding changed jobs or reduced hours, attach a letter from the current employer verifying work hours and hourly pay or salary.

Itemize total monthly GROSS (before deductions) income for each month. Attach copies of pay stubs or statement of earnings from employer to document amounts already earned. If there is no income from work, you must fill in the blank with a zero and attach a letter explaining how you (and spouse) supported yourselves. Do not leave any months blank.

<table>
<thead>
<tr>
<th>Month</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Jan 2011</td>
<td>$__________</td>
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<td>Feb 2011</td>
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<td>Mar 2011</td>
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<td>Apr 2011</td>
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<td>Nov 2011</td>
<td>$__________</td>
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<tr>
<td>Dec 2011</td>
<td>$__________</td>
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</tbody>
</table>

Indicate any other types of income you and/or your spouse have or will receive between January, 1, 2011 and December 31, 2011 from any of the following sources and attach documentation of the amounts. Enter zero where appropriate.

<table>
<thead>
<tr>
<th>Month</th>
<th>Amount</th>
<th># of Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployment Benefits:</td>
<td>_________</td>
<td>_______</td>
</tr>
<tr>
<td>Disability or SSI benefits:</td>
<td>_________</td>
<td>_______</td>
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<tr>
<td>Retirement or Pension:</td>
<td>_________</td>
<td>_______</td>
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<tr>
<td>Child Support</td>
<td>_________</td>
<td>_______</td>
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<tr>
<td>Other:</td>
<td>_________</td>
<td>_______</td>
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</tbody>
</table>

B. The student’s PARENT(S) will have a significant loss of income in 2011. Attach the following:
A personal written statement which explains the employment history for the person who has a reduction in income during 2011. Provide the dates of employment, the number of hours worked per week, and current employment status.

Provide a photocopy of your parent’s 2010 Federal Tax Return and W-2 Forms, if you have not already done so.

A letter from the former employer verifying the last date of employment. If this change is regarding changed jobs or reduced hours, attach a letter from the current employer verifying work hours and hourly pay or salary.

In the spaces below, your parent(s) should itemize their total monthly gross income from work for each month. Attach copies of pay stubs or statement of earnings from employer to document amounts already earned. If your parent(s) will have no income from work, they must fill in the blank with zero, and attach a letter explaining how the family was and will be supported. Do not leave any months blank.

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<thead>
<tr>
<th>Month</th>
<th>Amount</th>
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<tbody>
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<td>Nov 2011</td>
<td>$__________</td>
</tr>
<tr>
<td>Dec 2011</td>
<td>$__________</td>
</tr>
</tbody>
</table>
Your parents should indicate any other type of income they will have or will receive between January 1, 2011 and December 31, 2011 from any of the following sources and attach documentation of the amounts.

### Father
- **Unemployment Benefits:**
  - **Amount:** __________
  - **# of Months:** __________

- **Disability or SSI benefits:**
  - **Amount:** __________
  - **# of Months:** __________

- **Retirement or Pension:**
  - **Amount:** __________
  - **# of Months:** __________

- **Child Support:**
  - **Amount:** __________
  - **# of Months:** __________

- **Other:**
  - **Amount:** __________
  - **# of Months:** __________
  - (Including alimony, investment income, capital gains, interest income)

### Mother
- **Unemployment Benefits:**
  - **Amount:** __________
  - **# of Months:** __________

- **Disability or SSI benefits:**
  - **Amount:** __________
  - **# of Months:** __________

- **Retirement or Pension:**
  - **Amount:** __________
  - **# of Months:** __________

- **Child Support:**
  - **Amount:** __________
  - **# of Months:** __________

- **Other:**
  - **Amount:** __________
  - **# of Months:** __________

### SECTION II: LOSS OF BENEFITS

**Who is the person who received benefits in 2010?** (select one)
- Student
- Student’s Spouse
- Student’s Parent(s)

**What type(s) of benefits(s) was received in 2010?**
(e.g., child support)

- _______________________________________________________________________

**What date was the benefit terminated or reduced?**
- Month __________ Day __________ Year __________

**What amount will be received from January 1, 2011 to December 31, 2011?** (If none, write zero)
- **Amount per month:** __________
- **# of Months:** __________

### SECTION III: SEPARATION, DIVORCE OR DEATH

**Student has become separated or divorced.** (Attach court documents, if available and letter of explanation)
- **Effective date:** ________________

**Student’s parents have become separated or divorced.** (Attach court documents, if available)
- **Effective date:** ________________

**Student’s spouse has died.** (Attach documentation)
- **Date:** ________________

**Student’s parent has died.** (Attach documentation)
- **Date:** ________________

### SECTION IV: EXTRAORDINARY EXPENSES

List the amounts that student or family will pay between January 1, 2011 and December 31, 2011, AND attach documentation (i.e. copies of bills, receipts, etc.)

**Medical and/or dental expenses NOT covered by insurance:**
- **Amount per month:** __________
- **# of Months:** __________

**Child Care for student’s dependent children:**
- **Amount per month:** __________
- **# of Months:** __________

**Children’s or sibling’s private elementary or secondary school tuition:**
- **Amount per month:** __________
- **# of Months:** __________

**Other (Explain):** _______________________________________________________________________
- **Amount per Month:** __________
- **# of Months:** __________

### READ AND SIGN:

I/we hereby certify that all of the information reported on this form and any attachments hereto is true, complete and accurate. I/we understand that all information on this form will be verified. I/we further understand that it is my/our responsibility to update the income estimates on this form if additional changes occur during 2011. False statements and misrepresentations will be cause for denial reduction, withdrawal, and/or repayment of financial aid.

- **Applicant’s Signature**
- **Date**
- **Signature of Student’s Father**
- **Date**
- **Signature of Spouse**
- **Date**
- **Signature of Student’s Mother**
- **Date**