



2018-19 SPECIAL CIRCUMSTANCE FORM

STUDENT'S NAME _____	LU ID _____
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This form should be completed when a family can document a significant change in financial circumstances, or if you believe there are special circumstances that were not included/considered on your initial aid application. You will be notified by email regarding the outcome of your appeal after your information is reviewed by the Lawrence Financial Aid Committee.

The completion of this form does not guarantee an adjustment to a student's financial aid award.

Please note that your financial aid eligibility **WILL NOT** be reevaluated if you have not completed the initial required documents for your financial aid application. The status of missing items may be found online.

Please answer the following questions. Attach an additional page if more space is needed.

Part A. Check ALL that apply to you:

- Loss of employment or change of employment status for student or parent(s)
- One-time payment that created an unusual increase in income
- Divorce or separation after filing the 2018-19 FAFSA
- Death of parent
- Loss of Untaxed Income (child support, social security, pension, etc.)
- Unusually high medical/dental expenses not covered by insurance or pre-tax medical savings/spending account
- Private school tuition for sibling
- Incorrect financial information provided on initial application
- Other: _____

Part B. Attach the following:

1. A written statement explaining what caused the change(s) in your family's circumstances.
2. Copy of all 2017 federal tax return(s) (Page 1 & 2 and, if applicable, Schedules A, C and/or E) and W-2 Form(s). (Check your financial aid requirements online for status of previously submitted documents.)
3. Documentation of your change in circumstance(s). See next page for a list of required documents for specific circumstances.

Part C. Carefully read the following before signing this form:

I/we understand that submission/review of this form does not guarantee a change in the student's financial aid eligibility. It is the student's responsibility to remain in good standing with the Student Accounts and Registrar's offices. I/we affirm that the information provided in my appeal and the attached documentation is accurate and complete to the best of my/our knowledge. I/we understand that if any of the information used in my appeal changes, I must contact the Financial Aid Office immediately in writing with the corrected information. I/we understand that future financial aid awards may be reduced if income estimates are significantly underestimated in my appeal. I understand that false statements or misrepresentations may be cause for denial, reduction, withdrawal or repayment of financial aid.

Student Signature

Date

Parent Signature

Date

Parent Email

ACCEPTABLE DOCUMENTATION FOR PART A:

1. Loss of employment, or change in employment status

Signed statement from the parent explaining reason(s) for unemployment
Year-to-date pay stubs showing all income earned from work for 2018
Documentation of all untaxed income received thus far in 2018
Termination letter and/or any documentation regarding severance pay
Documentation of any unemployment benefits, disability benefits, retirement benefits, or insurance payments being received or expected to be received.

2. Divorce or separation

Divorce: Copy of divorce decree (include custody and child support agreements).
Separation: Copy of legal separation document (include custody and child support agreements); or, if legal separation document is not yet available, a signed statement from your attorney or unrelated third party showing the date of separation.

3. Death of parent

Copy of death certificate or an obituary notice.
Documentation of proceeds of estate distributions including: inheritance, insurance, pensions and Social Security benefits that you have received or expect to receive.

4. Loss of untaxed income

Court documentation stating the last date of child support received.
Letter from the agency providing the benefits, detailing termination of benefits.
Statement from the agency that summarizes the amounts of the benefits already received.

5. Unusual medical or dental expenses not covered by insurance

Copy of Schedule A from federal tax return
If the Schedule A is not available or the expense was paid in the current year, other documentation must be provided. This could include: bills, insurance statements, canceled checks, or other proof of the amounts paid by the family. In addition to this documentation, you must include your total expenses paid in your written statement.

6. Private elementary or secondary school tuition

Copy of billing statement from the school, including all financial aid and scholarships received.

7. Other documentation/circumstances

Any relevant documentation which will support request for reconsideration. If you need clarification on what to provide, please contact the Financial Aid Office.

Please note: the Lawrence University Financial Aid Office reserves the right to request additional information not listed on this form if deemed necessary to support the request to reevaluate financial aid eligibility.
Incomplete documentation or requests will not be reviewed.