



LAWRENCE UNIVERSITY
APPLETON, WISCONSIN

Financial Aid Office
711 E Boldt Way SPC 32
Appleton, WI 54911
Phone: (920) 832-6583 | Fax: (920) 832-6582
financial.aid@lawrence.edu

2020-21 SPECIAL CIRCUMSTANCE REQUEST FORM

STUDENT'S NAME _____	LU ID or DOB _____
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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. Please provide an explanation for your request below:

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. 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. I/We understand that appropriate adjustments may be made to student's FAFSA information based on the documentation submitted.

Student Signature

Date

Parent Signature

Date