



2024-2025 SPECIAL CIRCUMSTANCE REQUEST FORM

STUDENT NAME

LAWRENCE ID OR D.O.B.

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.

Reconsideration of Aid: I/We understand that submission/review of this form does not guarantee a change in the student's financial aid eligibility. I/We understand that any additional Lawrence University Grant will only be offered if the student accepts all Federal Direct Student Loans offered to them. I/We understand that future financial aid eligibility will be based on an annual review of financial aid application materials.

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 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.

Please reach out to our office if you are not able to provide a handwritten signature. We will provide details on an alternative way to sign this form.

STUDENT SIGNATURE

DATE

PARENT SIGNATURE

DATE

Return completed form to the Lawrence University Financial Aid Office.

Secure Upload	Email	Fax	Mail
lawrence.leapfile.net	financial.aid@lawrence.edu	(920) 832-6582	Financial Aid Office Lawrence University 711 E Boldt Way Appleton, WI 54911