

# VINCENNES UNIVERSITY

Financial Aid Office ♦ 1002 North First Street, Vincennes, IN 47591 ♦ Ph: 812-888-4361 ♦ Fax: 812-888-4261

## 2009-2010 SPECIAL CIRCUMSTANCES REQUEST FORM

University I.D.#: \_\_\_\_\_ VU email address: \_\_\_\_\_@myvu.vinu.edu  
Student Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Ph.: (\_\_\_\_\_)\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Ph.: (\_\_\_\_\_)\_\_\_\_\_

The Expected Family Contribution (EFC) is calculated to assess the financial strength of a federal student aid applicant or the applicant's family. Readily verifiable information from the federal income tax return has proven the most reliable indicator of a family's available income. For this reason, data from the 2008 tax year is used on the 2009-2010 application. The U.S. Department of Education understands that many conditions could affect the financial circumstances of an applicant and his or her family after 2008. Using professional judgment, the financial aid administrator may decide on a case-by-case basis to modify data elements in the EFC formula. Any change in these data elements must be adequately documented in the student's file. These adjustments do not guarantee eligibility for additional financial aid. Please note that the financial aid administrator's decision regarding adjustments is final and cannot be appealed to the Department of Education. **Forms will ordinarily not be reviewed prior to week 2 of the semester.** You can receive the amount of aid indicated on your initial award letter prior to review of special circumstances. You may initially need to accept loans. These can be returned without penalty to you if you end up not needing them.

### **Special Circumstances Requests will be considered for only the following:**

1. Loss of employment by the student, spouse or a parent (if dependent student). If you are reporting unemployment as your circumstance, the individual who is unemployed has to be out of work for a minimum of 3 consecutive months.
2. Loss of other income such as taxable pension, alimony, unemployment compensation.
3. Separation or divorce of student and spouse or separation or divorce of an income earning custodial parent for dependent students.
4. Death of spouse or an income earning custodial parent.
5. One-Time Income received due to an inheritance, lump sum retirement distribution, etc.
6. Medical expenses that exceed 11% of Adjusted Gross Income of the student (and spouse), or parent(s) of a dependent student in 2008. Expenses being claimed must have been paid out-of-pocket by the student (and spouse) or parent(s) of a dependent student. If reimbursed on expenses by a third party after making payments, these expenses cannot be submitted for consideration.
7. Nursing home or extraordinary dependent care expenses not reimbursed by a third party payer.

If none of these circumstances apply to your situation, do not submit this Special Circumstances Request Form.

### **You must provide ALL of the following documentation for the Special Circumstances Request:**

- You must have already submitted your 2009-2010 FAFSA. We will get those results; you need not attach them here.
- Student's 2008 signed and dated Federal Income Tax form and W-2(s), if applicable.
- Parent(s) 2008 signed and dated Federal Income Tax form & W-2(s), if dependent student.
- 2009-2010 Dependent Verification Worksheet **OR** 2009-2010 Independent Verification Worksheet, as applicable.
- The 2009 Projected Income table on the reverse side of this request form.
- Typed letter from the student summarizing reason for Special Circumstances Request.
- If student is dependent, a typed letter from parent(s) summarizing reason for Special Circumstances Request.
- Any additional documents we request, due to your individual situation, must accompany this form.

Please follow the instructions carefully. Failure to provide needed documentation will result in delays.

**By signing this appeal form, I agree to provide all documentation and information that will verify the accuracy of my appeal. I understand that, if the circumstances under which this appeal is granted change, I am obligated to report those changes to Vincennes University. I acknowledge that such a change in circumstances may result in repayment of federal funds acquired through circumstances of this appeal. I certify that all the information provided is true and correct. I understand that if I purposely give false or misleading information that I may be fined, sentenced to jail, or both.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (dependent students only): \_\_\_\_\_ Date: \_\_\_\_\_

**Person the special circumstances most directly affect:**

- Student  Spouse of student  
 Father (stepfather) of dependent student  Mother (stepmother) of dependent student

**Check the circumstance that applies AND provide the additional required documentation:**

- \_\_\_\_ 1. *Loss of employment.*  
 ➤ Letter on company letterhead signed and dated by employer indicating last date of employment.  
 ➤ Signed and dated letter from the individual who is unemployed. Period of Unemployment: \_\_\_\_\_ thru \_\_\_\_\_.  
 ➤ Proof of earnings for 2009 (Payroll Check Stub, Statement from Current Employer, Unemployment benefits statement, etc.)
- \_\_\_\_ 2. *Loss of other income.*  *Reduced wages*  *Alimony*  *Unemployment benefits.*  *Other*  
 ➤ Reduced Wages-Proof of earnings for 2009 (Payroll Check Stub, Statement from Current Employer, etc.).  
 ➤ Unemployment-Letter of termination of unemployment benefits.  
 ➤ Alimony-Provide court document stating termination date of benefit.  
 ➤ Other: \_\_\_\_\_.  
 ➤ Provide documentation that sufficiently explains the change in income from 2008 to 2009.
- \_\_\_\_ 3. *Separation or divorce.*  *Student and Spouse* OR  *Parent of dependent student*  
 ➤ Date of Separation or Divorce \_\_\_\_\_  
 ➤ Provide copies of separation papers, divorce decree, or letter of intent from attorney on letterhead.
- \_\_\_\_ 4. *Death*  *Spouse* OR  *income earning custodial Parent*  
 ➤ Copy of Death Certificate.  
 ➤ Date of Death \_\_\_\_\_
- \_\_\_\_ 5. *One-time Income.*  *Inheritance*  *Lump sum retirement distribution*  *Other*  
 ➤ Other: \_\_\_\_\_.  
 ➤ Attach a separate sheet that identifies the source of the one-time income and how the funds were spent or invested.
- \_\_\_\_ 6. *Medical expenses paid out-of-pocket and not covered by insurance or by another resource.*  
 ➤ Itemized listing of all medical expenses paid by student or parent. These must exceed 11% of 2008 adjusted gross income.  
 ➤ Copies of insurance benefit statements or other third party payments and receipts being reviewed for consideration.
- \_\_\_\_ 7. *Nursing home or extraordinary dependent care expenses not covered by insurance or another source.*  
 ➤ Itemized listing of all nursing home or dependent care expenses paid by student or parent.  
 ➤ Copies of insurance benefit statements or other third party payments and receipts being reviewed for consideration.  
 ○ (Copies of receipts and documents submitted for this request become property of Vincennes University).

**2009 Projected Income – Provide documentation of year-to-date earnings (last/most recent pay stub).**

INCOME JANUARY 1, 2009 TO DECEMBER 31, 2009	Actual Income 1/1/09 to Today	Estimated. Income Today to 12/31/09	Total actual & estimated
Student's 2009 gross income from work (wages, salary, tips, business)			
Spouse's 2009 gross income from work (wages, salary, tips, business) if student is married.			
Father's 2009 gross income from work (wages, salary, tips, business) if student is dependent.			
Mother's 2009 gross income from work (wages, salary, tips, business) if student is dependent.			
Other taxable income (pension, unemployment, alimony, etc.)			
Child support received			
Veteran's non-education benefits			
Other untaxed income (workers comp, IRA received)			
<b>Total Income for 2009</b>			

Financial Aid Use Only:  Approved  Denied  Other

Comments: \_\_\_\_\_

FAA Initials: \_\_\_\_\_ Date: \_\_\_\_\_