



GIVE TO: \_\_\_\_\_

**ACADEMIC YEAR 2009-2010  
REQUEST FOR CONSIDERATION OF SPECIAL CIRCUMSTANCES  
FOR CALENDAR YEAR 2009**

**NAME:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

This form initiates an appeal process to request a recalculation of your Expected Family Contribution (EFC), based on special circumstances. This appeal may be submitted in consideration for a recalculation, if you meet one of the categories below. Please check the appropriate box. If you do not meet any of the circumstances below, you will not be considered for a recalculation. If your request is approved, you will be notified of any changes.

**Documentation required:**

- Written statement describing circumstances
- Copy of 2008 Federal Tax Return and W-2's
- Current pay stubs showing decreased income, if applicable or Unemployment statements
- See below of other required documentation in each category

**A. Loss or significant reduction of income or benefits**

- You or your spouse, **OR**  a parent (**check one**) had employment in 2008, but experienced a loss or significant reduction of income in the calendar year 2009.
- Loss of income due to death of parent (for dependent students only), or spouse after filing 2009-2010 FAFSA.

\*Adjustments for loss of over-time, commission, or severance package will not be considered.

**Date change occurred:** \_\_\_\_\_

**Type of income lost** (e.g. job; unemployment benefits): \_\_\_\_\_

- Attach termination letter or loss of benefits notification

**B. One-time benefit**

- You or your spouse, **OR**  your parents (**check one**) received a ONE-TIME income or benefit in 2008 and will not receive that income or benefit in calendar year 2009.

**C. Change in marital status**

After filing the FAFSA,  you **OR**  your parents (check one) have  separated or  divorced.

**Date change occurred:** \_\_\_\_\_

**YOU MUST COMPLETE THE FORM ON THE BACK OF THIS PAGE AND SUBMIT THE REQUIRED DOCUMENTATION SPECIFIED ABOVE.**

RECEIVED BY: \_\_\_\_\_

