



GIVE TO: _____

**ACADEMIC YEAR 2010-2011
REQUEST FOR CONSIDERATION OF SPECIAL CIRCUMSTANCES
FOR CALENDAR YEAR 2010**

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.

*****Note: This request will not be accepted until after July 1, 2010.**

Required Documentation:

- Written statement describing circumstances
- Copy of 2009 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 2009, but experienced a loss or significant reduction of income in the calendar year 2010.
- Loss of income due to death of parent (for dependent students only), or spouse after filing 2010-2011 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 2009 and will not receive that income or benefit in calendar year 2010.

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.

