

## IMPORTANT INFORMATION REGARDING SPECIAL CIRCUMSTANCE REQUEST

A Special Circumstance Request is intended for students/spouses and/or parents who have experienced significant life changes. These changes include, but are not limited to: loss of income/benefits, separation/divorce, and death/disability. The timing of these changes will be reviewed on an individual basis.

The special circumstance request process begins after our office receives all necessary documents. The Special Circumstance and Dependency Override Committee meets bi-monthly to review requests. If your request is approved, corrections, if necessary, may be made to your FAFSA information. Once the processed information is received by Aurora University, the Office of Financial Aid will re-evaluate your financial aid eligibility.

Note the following information as you complete the Special Circumstance Request:

- Thorough documentation is required to explain and verify your current situation. Income information originally provided on your FAFSA will also be verified. If your appeal or documentation is incomplete, it will be returned which can cause delays.
- The purpose of this request is to assess your additional need due to unusual circumstances. There is no guarantee an appeal will result in more aid or different types of aid awarded to you. The benefit to you, if any, will be influenced by: a) the types and amounts of changes to your FAFSA information, b) the types of financial aid for which you qualify, c) your current financial aid package and, d) the maximum amounts allowed in federal and state financial aid programs.
- You will be notified in writing of the result.
- This request is in effect for the 2009-2010 academic year only. Policies and procedures are subject to change annually as influenced by institutional and regulatory changes.

If you have any questions regarding the Special Circumstance Request, please contact our office.

**OFFICE OF ADMISSION & FINANCIAL AID**  
**AURORA UNIVERSITY \* 347 S. GLADSTONE AVE. \* AURORA, IL 60506**  
**Phone # 630-844-6190 or 1-800-742-5281**  
**Fax # 630-844-6191**  
**E-Mail: [finaid@aurora.edu](mailto:finaid@aurora.edu)**  
**Web site at [www.aurora.edu](http://www.aurora.edu)**

# 2009 - 2010 SPECIAL CIRCUMSTANCE REQUEST

Student's Name \_\_\_\_\_

AU Student ID # or Soc. Sec. # \_\_\_\_\_

If you meet one of the special circumstances listed below, complete and return this appeal form, along with the required documentation, to the Office of Financial Aid. Print the student's name and Social Security number or student ID number at the top of all submitted documentation to assure proper identification.

**NO ACTION WILL BE TAKEN if the required documentation is not submitted with this form.**

**ALL of the following MUST be submitted with each Special Circumstance Request:**

- **Statement explaining your appeal condition.**
- **Signed copy of 2008 Federal Income Tax Return and ALL Schedules for student/spouse/parent.**
- **Copy of all 2008 W-2s used in filing Federal Income Tax Returns for student/spouse/parent.**
- **Institutional Verification Worksheet.**
- **Any additional items listed below based on your appeal condition.**

**Additional required items are noted under each specific appeal condition.**

## **SECTION A: APPEAL CONDITIONS**

### 1. Loss of Income/Benefits

Student/Spouse/Parent has been terminated or separated from a job for at least 8 consecutive weeks in 2009 or has had a significant reduction in earnings in 2009.

Student/Spouse/Parent has lost benefits (Social Security, unemployment compensation, child support, TANF, etc.) in 2009.

- Provide a letter from the employer/agency documenting the last date of employment/benefits.
- Copy of last two paycheck stub(s) from **ALL** employers.
- Copy of Unemployment or Workman's Compensation Benefits that includes amount and duration of benefits.
- Report 2009 income earned to date and projected earnings through December 2009, in Section B of this form.
- You may be required to verify these circumstances later with a 2009 Federal Income Tax Return.

### 2. Separation/Divorce of Student or Parents

- Date of separation or divorce \_\_\_\_\_.
- You must provide legal documentation of the separation/divorce.
- Report projected 2009 maintenance and/or child support in Section B of this form.

### 3. Death/Disability of Parent/Spouse

- Provide official documentation of the death/disability.
- Report projected 2009 benefits/settlement in Section B of this form.
- Report projected 2009 earnings in Section B of this form.

### 4. Major Medical Expenses Paid

- Schedule A must have been filed with your 2009 Federal Income Tax Return to qualify for this appeal.

### 5. Tuition Paid at Private Elementary, Middle and High Schools

- Copy of 2009-10 tuition bills on school letterhead.

### 6. Other

- If you feel you have an unusual circumstance not covered in any of the above conditions, explain in detail. Submit documentation to support your explanation.

**SECTION B:**

**ESTIMATED 2009 INCOME FORM**

**Please complete for whomever has experienced loss of income.**

My current employment status is: \_\_\_\_\_ unemployed \_\_\_\_\_ working part-time/full-time

How many hours per week? \_\_\_\_\_

How much do you earn per hour? \$ \_\_\_\_\_

How many times per month do you receive a paycheck? \_\_\_\_\_

Estimated gross income from employment for 2009 \$ \_\_\_\_\_

Spouse's expected 2009 gross income \$ \_\_\_\_\_

Total expected unemployment benefits for 2009 \$ \_\_\_\_\_

Child Support received for all children \$ \_\_\_\_\_

Welfare benefits or general assistance \$ \_\_\_\_\_

Social Security benefits \$ \_\_\_\_\_

Veteran's benefits – specify type: \$ \_\_\_\_\_

\_\_\_\_\_

Pensions or retirement benefits \$ \_\_\_\_\_

Workman's compensation \$ \_\_\_\_\_

Cash support from relatives/friends \$ \_\_\_\_\_

Other – specify type: \$ \_\_\_\_\_

(ie: vacation, sick pay, severance pay, etc.)

\_\_\_\_\_

TOTAL ESTIMATED 2009 INCOME: \$ \_\_\_\_\_

(Must be greater than zero)

*I declare that the above information is true, complete, and accurate to the best of my knowledge.*

\_\_\_\_\_  
Signature of Student

\_\_\_\_/\_\_\_\_/2009  
Date

\_\_\_\_\_  
Signature of Parent(s) / Spouse

\_\_\_\_/\_\_\_\_/2009  
Date

**FOR OFFICE USE ONLY**

Original EFC: \_\_\_\_\_ Recalculated EFC: \_\_\_\_\_

\_\_\_\_ **APPROVED**

Data elements and amounts to be adjusted: \_\_\_\_\_  
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\_\_\_\_ **DENIED**

Reason: \_\_\_\_\_  
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\_\_\_\_\_  
**Administrator**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Title**