

# Special Circumstance Request



AURORA UNIVERSITY

Student Name (Please Print)

## **IMPORTANT INFORMATION**

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 the Office of Financial Aid receives all necessary documents. The Special Circumstance and Dependency Override Committee meets weekly 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, our office 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. Please be aware that additional required documents may be requested after initial review of your request.
- ◆ 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 2010-2011 academic year only. Policies and procedures are subject to change as influenced by institutional and regulatory changes.

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

Office of Financial Aid  
347 S. Gladstone Ave.  
Aurora, IL 60506-4892

Tel: 630-844-6190 or 1-800-742-5281    E-Mail: [finaid@aurora.edu](mailto:finaid@aurora.edu)  
FAX: 630-844-6191    Web site: [www.aurora.edu](http://www.aurora.edu)

Student's Name

AU Student ID #

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 student ID number at the top of all submitted documentation to assure proper identification.

**Before this request can be evaluated, you MUST complete and return this form along with all other required documents.**

**SECTION A:**

Items 1-4 are **REQUIRED** to be submitted with **EVERY** Special Circumstance Request:

- 1) **Statement explaining your appeal condition**
- 2) **Signed** copy of 2009 Federal Income Tax Return and **ALL Schedules** for student/spouse/parent
- 3) Copy of all 2009 W-2s used in filing Federal Income Tax Returns for student/spouse/parent
- 4) 2010-2011 Verification Worksheet

\*\*\*Any additional REQUIRED items **listed in Section B** based on your appeal condition\*\*\*

**SECTION B: APPEAL CONDITIONS**

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

**Loss of Income/Benefits**

*Student/Spouse/Parent has been terminated/separated from a job in 2010:*

- ◆ 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 Worker's Compensation Benefits that includes amount and duration of benefits.
- ◆ You may be required to verify these circumstances later with a 2010 Federal Income Tax Return.

*Student/Spouse/Parent has experienced a reduction in hours or salary:*

- ◆ Provide a letter from the employer documenting: the date that the reduction took place and hours per week worked/salary both prior to and after the reduction
- ◆ A copy of the two most recent paycheck stub(s) from employer

Student/Spouse/Parent has lost benefits such as Social Security, unemployment, child support, etc. in 2010:

- ◆ Documentation showing amount of benefit and date that it was/will be terminated

**SECTION B: APPEAL CONDITIONS (CONTINUED)**

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

\_\_\_\_\_ **Separation/Divorce of Student or Parents**                      Date of separation/divorce \_\_\_\_\_

- ◆ You must provide legal documentation of the separation/divorce such as official court documents or proof of separate addresses
- ◆ Include in your statement the amount of projected 2010 maintenance and/or child support (provide documentation if possible)

\_\_\_\_\_ **Death/Disability of Parent/Spouse**

- ◆ Provide official documentation of the death/disability.

\_\_\_\_\_ **Major Medical Expenses Paid**

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

\_\_\_\_\_ **Tuition Paid at Private Elementary, Middle and High Schools**

- ◆ Copy of 2010-11 tuition bill(s) on school letterhead.

\_\_\_\_\_ **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 C: CERTIFICATION**

I certify that the information I have provided regarding my request is true, complete, and accurate to the best of my knowledge. I understand this information will be used to override federal regulations and/or submit corrections to my application for federal student aid. By signing this application I agree, if asked, to provide information that will verify the accuracy of my request. I understand that, if I purposely give false or misleading information in connection with my application for federal student aid, I may be subject to a federal fine of up to \$20,000, sent to prison, or both.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

