

## Financial Aid Office

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Preparing people to lead extraordinary lives

### 2016-2017 Special Circumstance Appeal

**Student Name:** \_\_\_\_\_  
(Please print)

**Loyola ID:** \_\_\_\_\_  
(Your 11-digit Loyola ID number begins 0000)

**Appeal forms and ALL supporting documentation must be submitted at least 4 weeks prior to the end of the term.**

If a family experiences a significant income loss that causes a substantial change in financial status, this form will allow you to request special consideration of your unique financial circumstances for the 2016–2017 academic year.

A **2015 TAX RETURN TRANSCRIPT** and **2015 W2s** are **required** for your Special Circumstance Appeal. You may order a Tax Return Transcript from the Internal Revenue Service online at [www.irs.gov](http://www.irs.gov) or by phone at 1-800-908-9946. A copy of your personal 1040 tax return is **not** acceptable for verification and appeal purposes. Please submit copies of requested documents for you, your spouse (if married), and your parents/step-parents (if dependent).

Indicate below which financial circumstances are impacting your family and submit copies of **all supporting documentation** as listed below along with a **signed statement** detailing your circumstances.

**Unemployment/Loss of Job/Retirement/Disability**

**Submit the following required documentation:**

--Signed letter from employer on company letterhead verifying circumstance of separation from employment. The letter *must include* the date of hire and date of separation. If separated from more than one employer, please submit a letter of separation for *each* employer.

--Copy of unemployment compensation letter or signed statement that you did not or will not receive unemployment.

**Submit the following required documentation for change in employment/reduction in hours worked:**

--Verification Information described above.

--A letter from your employer explaining the projected hours and hourly rate of pay.

--Copy(s) of applicable last pay stub(s) from former employer(s) and/or current employer(s).

**Submit the following required documentation for change resulting from disability:**

--Verification Information described above.

--Documentation from physician or insurance agency verifying circumstances/extent of disability.

**Change in income as a result of a divorce/separation/loss of parent/spouse**

**Submit the following required documentation:**

**For Divorce:** Submit a copy of the divorce decree, or documentation indicating separate residences.

**For Death:** Submit a copy of the death certificate or obituary.

**Change in income as a result of a loss/termination of benefit (For example: Social Security benefits, Supplemental Security Income (SSI), Unemployment benefits, Child Support, Untaxed retirement or disability benefits, AFCD.)**

**Submit the following required documentation:**

--Documentation from issuing agency, certifying termination of benefit, including effective date of termination.

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**Student Name:** \_\_\_\_\_  
(Please print)

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**Complete this appeal section for any reduction or loss of income after you have obtained information about the amount of unemployment benefits you will receive. If an item does not apply, please indicate \$0 or n/a. Attach documentation as listed below. Any appeals submitted without proof of income will not be reviewed.**

**PARENTS**

Parent 1/stepparent change in income. Date of change: \_\_\_\_\_

Please explain the change: \_\_\_\_\_

Parent 2/stepparent change in income. Date of change: \_\_\_\_\_

Please explain the change: \_\_\_\_\_

**WAGES** (*Calendar year – January 1, 2016 – December 31, 2016*)

Expected wages earned by parent 1/stepparent for calendar year 2016: \$ \_\_\_\_\_

Expected wages earned by parent 2/stepparent for calendar year 2016: \$ \_\_\_\_\_

**OTHER INCOME EXPECTED IN CALENDAR YEAR 2016:**

Severance	\$ _____	Child Support	\$ _____
Unemployment Benefits	\$ _____	Social Security Benefits	\$ _____
Worker's Compensation	\$ _____	Payments to Tax Deferred Plans	\$ _____
Interest/Dividend Income	\$ _____		
Other _____		Other	\$ _____

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**STUDENT**

Student/spouse change in income. Date of change: \_\_\_\_\_

Please explain the change: \_\_\_\_\_

**WAGES** (*Calendar year – January 1, 2016 – December 31, 2016*)

Expected wages earned by student for calendar year 2016: \$ \_\_\_\_\_

Expected wages earned by spouse for calendar year 2016: \$ \_\_\_\_\_

**OTHER INCOME EXPECTED IN CALENDAR YEAR 2016:**

Severance	\$ _____	Child Support	\$ _____
Unemployment Benefits	\$ _____	Social Security Benefits	\$ _____
Worker's Compensation	\$ _____	Payments to Tax Deferred Plans	\$ _____
Interest/Dividend Income	\$ _____		
Other _____		Other	\$ _____

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- Loss of one-time income such as early distribution of an IRA due to hardship, IRA rollover, moving expense allowance, back-year Social Security payments, one-time capital gain, or a divorce settlement.**

Name of person who received the income: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

**Submit the following required documentation:**

- Copies of all federal 1099 forms filed
- Documentation why funds will not be available to be used towards educational expenses.

- Private Elementary and/or Secondary School Tuition: Include tuition expenses for private K-12 education only. College, day care, or preschool tuition is not eligible for consideration. Book, bus, and fee expenses are not taken into account.**

**Submit the following required documentation:**

- A copy of the actual tuition bill for 2016-2017 after financial assistance

<u>Family Member</u>	<u>School</u>	<u>Age</u>	<u>Grade</u>	<u>Tuition</u>	<u>Financial Aid</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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(Please print)

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**Medical/ Dental Expenses**

Students or families with significant medical or dental expenses **billed and paid during 2016** that were not reimbursed by insurance, may indicate the expenses and provide documentation. We cannot make adjustments for insurance premiums or travel-related expenses. Submit copies of cancelled checks and/or paid receipts of medical/dental expenses.

Significant medical expenses are defined as those that are at least 10% of your Adjusted Gross Income (AGI). To determine if your medical expenses are of an amount sufficient to be considered in re-evaluating your financial aid eligibility:

\_\_\_\_\_ X 10% = \_\_\_\_\_

AGI from 2015 federal tax return

Minimum amount of non-reimbursed 2016 medical expenses required for appeal

<u>Family Member</u>	<u>Date of Treatment/Provider</u>	<u>Amount Paid in 2016</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Other Special Circumstances**

**Submit the following required documentation:**

Attach a letter that fully explains your circumstance. Include appropriate documentation. We cannot consider mortgage, car expense, bankruptcy, credit card debt, attorney fees, tax levy, or installment loans.

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Certification Statement:

All of the information provided by me or any other person on this form is accurate and complete to the best of my knowledge. If requested, we agree to give proof of the information we have provided on this form. Proof may include court documents, cancelled checks, etc. Failure to provide the requested information will result in denial of the appeal. Additional documentation may be requested as needed.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

*\*Typed and digital signatures are not acceptable*

**Appeal forms and ALL supporting documentation must be submitted at least 4 weeks prior to the end of the term. Appeals submitted without verification documents (see first page) or supporting documentation will not be reviewed. Any financial aid adjustments as a result of this appeal are for the 2016-2017 academic year only.**