

Financial Aid Office

1032 West Sheridan Road
Sullivan Center Room 190
Chicago, Illinois 60660
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Scan completed form and E-mail to finaidforms@luc.edu



Preparing people to lead extraordinary lives

2017-2018 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 your 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 2017–2018 academic year. Before submitting this appeal form, please complete the following step:

- Please order a 2015 Tax Return Transcript from www.irs.gov or by phone at 1-800-908-9946. Please provide us with a copy along with this appeal form. A copy of your personal 1040 tax return is **not** acceptable for verification and appeal purposes.

Indicate below which financial circumstances are impacting your family and submit copies of **all supporting documentation** as listed below. Incomplete appeals will not be approved. Any approval is for the 2017-2018 academic year only.

Was a Special Circumstance Appeal approved for the 2016-2017 year? Yes No

Is the supporting documentation listed below already on file? Yes No

| 1. Unemployment/Loss of Job/Retirement/Disability | January 2017 - December 2017 |
|--|--|
| <p>Choose one: <input type="checkbox"/> Loss of income <input type="checkbox"/> Reduction of income</p> <p>Name of person experiencing loss or change in income: _____</p> <p>Relationship to student: _____</p> <p>Source of lost income: _____</p> | <p>Estimated wages \$ _____</p> <p>Estimated taxable income</p> <p>Unemployment \$ _____</p> <p>Severance \$ _____</p> <p>Other \$ _____</p> <p>Estimated untaxed income</p> <p>Type of untaxed income _____</p> <p>Amount of untaxed income \$ _____</p> |
| <p>If appeal is for loss of income, submit <i>both</i> of the following:</p> <ul style="list-style-type: none"> • Signed letter from employer on company letterhead verifying the date of separation. If separated from more than one employer, please submit a letter from each employer • Unemployment benefit statement or a signed statement that that you did not and will not receive unemployment <p>If appeal is for reduction income, please submit the following as applicable:</p> <ul style="list-style-type: none"> • A letter from your employer explaining the projected hours and hourly rate of pay • Copy of last pay stub from former and/or current employer(s) • Documentation from physician or insurance agency verifying disability | |

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1. Divorce/Separation/Loss of Parent or Spouse

Choose one:

Divorce Loss of parent/spouse

Person to be removed from the FAFSA

Parent 1 Parent 2 Student's Spouse

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

2. Loss of Benefit

Name of person losing benefit _____

Relationship to student _____

Date of termination _____

Amount in 2015 \$ _____

Amount in 2017 \$ _____

Type of benefit:

Social Security Supplemental Security Income (SSI)

Unemployment Child Support Untaxed retirement

Untaxed disability AFCD

Other _____

Submit the following required documentation:

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

3. Loss of One-Time Income

Name of person who received the income _____ **Relationship to student** _____

Type of income lost:

Early distribution of IRA IRA rollover Moving expense allowance Back-year social security payments

One-time capital gain Divorce Settlement Other _____

Value of Income in 2015 \$ _____

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

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4. Private Elementary and/or Secondary School Tuition

| Name of Sibling | Name of Private School & Grade | 2017-2018 Tuition & Fees Paid |
|-----------------|--------------------------------|-------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Submit the following required documentation:

- A copy of the actual tuition bill for 2017-2018 after financial assistance

5. Paid Medical/Dental Expenses

The Financial Aid Office will only consider paid expenses over the amount already protected by the FAFSA for medical expenses.

Amount Paid in 2017 (not reimbursed by insurance) \$ _____ (do not include premiums)

Submit the following required documentation:

- Itemized statements or receipts showing proof of out-of-pocket payments

6. Other Circumstances

Submit the following required documentation:

- Letter that fully explains your circumstance
- Appropriate documentation

We cannot consider mortgages, car expenses, bankruptcy, credit card debt, attorney fees, tax levy, or installment loans.

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*