LORAS COLLEGE

Office of Financial Planning, 1450 Alta Vista, P.O. Box 178, Dubuque, IA 52004-0178 (563) 588-7136

SPECIAL CIRCUMSTANCES REQUEST FORM
2015-2016

Student's name: _____ SSN: _____
Student's Home Address_____
Student's Home Phone Number_____
Parent's Name_____ Daytime Phone Number _____

Please complete all sections that apply to your situation.

1. Income Reduction or Nonrecurring Income

1. Will your income and/or your parents/spouse's income be **less** in 2015 than in 2014 for any of the reasons listed in question 2? ❑Yes ❒No

NOTE: If you check the above box yes, you cannot leave #3 blank below.

2. If "Yes," check the appropriate reason and explain, giving the date of the change in your situation. If you answer "Yes" to any of the reasons in this section **you must complete section 3.**

❑ (a) Reduced work hours, unemployment or change in employment. **Please provide letter from previous employer indicating dates of changes in employment status, most recent pay stub, and verification of unemployment benefits, if applicable .**

❑ (b) Divorce/separation. **Please provide copy of divorce decree or verification of filing for divorce. Signed statement indicating number in the household and number in college.**

❑ **(**c) Death of student's parent or spouse. **Please provide copy of death certificate or obituary.**

❑ (d) Disability of student or student's parent or spouse. **Please provide third party documentation indicating date of disability.**

❑ (e) One-time income (ie: inheritance, moving expense allowance, back-year Social Security payments, or IRA or pension distribution) **Please provide documentation showing source of one-time payment and verification that funds are no longer available if used to pay off bills, debts, etc**.

Date of occurrence: _____

3. If 2(a), (b), (c), or (d) is checked, provide the following estimated information for the period: January 2015 to December 2015:

	Mother/Stepmother	Father/Stepfather
Wages, salaries, tips (including severance pay, disability payments, and any income from work)	_____	_____
Other taxable income (i.e. unemployment, pension, social security)	_____	_____
Untaxed Income: (i.e. workers compensation, child support received)	_____	_____
Other taxable income:	_____	_____
Other untaxed income:	_____	_____
TOTAL 2015 anticipated income:		

Please provide pages 1 & 2 of your Federal Income Tax Return including your W-2 forms.

2.Unusual Medical and Dental Expenses

1. How much did you pay for medical/dental insurance in 2014? (Do not include employer's contribution.) $ _____
2. What were your 2014 medical/dental expenses not paid by insurance? $_____
3. Will your unreimbursed medical/dental expenses be lower, the same, or higher in 2015? Explain the reason.
4. From what sources will you finance these expenses?

Please provide your federal income tax return (itemized medical and dental deductions); receipts of medical and dental payments.

3. Elementary/Secondary Education and Dependent Care Expenses

1. Do you pay for elementary or secondary education expenses or dependent care expenses? ❑ Yes ❑ **(Do not include student or siblings in college)**
2. If "Yes," provide the following information for each such relative(s):

   Name(s) of the supported relative(s): _____

   Age(s): _____

   Relationship to student: _____

   Child care expenses: _____

   Elementary or secondary education expenses: _____

   Adult dependent care expenses: _____

   Total annual expense for 2014: _____
3. Will these expenses be lower, the same, or higher in 2015? Explain the reason.
4. From what sources will you finance these expenses?

Please provide your federal income tax return for listing of dependents; receipts for tuition/dependent care payments; signed, itemized statement of expenses, or cancelled checks.

Please use this space to provide additional information describing the basis for this request.

CERTIFICATION

Please note that if we estimated your/your parents' income, a complete copy of your/your parents 2015 US Income Tax Return must be mailed to Loras College by April 22, 2016 to verify actual income. By signing below you are certifying you will provide the requested 2015 income tax returns, and you understand that the aid awarded may be revised at that point to accurately reflect the earnings received, and you understand that tax returns not submitted by April 22, 2016 will result in a revision of the aid awarded based on actual 20134earnings.

The information contained on this form is true and correct to the best of my/our knowledge. Upon request I/we will provide documentation to substantiate the information provided.

Student Signature _____ Date_____

Spouse Signature _____ Date _____
(if applicable)

Parent Signature _____ Date _____

For Office use only:

Current EFC _____ Adjusted EFC _____ Date Sent to CPS_____

Please allow 2 to 4 weeks to complete the processing of your appeal.