



EDGEWOOD COLLEGE

FINANCIAL AID OFFICE

Phone 608.663.2206 • Fax 608.663.3495 • financialaid@edgewood.edu

CONSIDERATION OF SPECIAL CIRCUMSTANCES

2009-2010

Student Name: _____ Student ID# _____

Instructions:

Complete this form only if you have already completed the 2009-2010 FAFSA (Free Application for Federal Student Aid). If this form is incomplete or lacks the required documentation, no action will be taken. Please submit photocopies, as these documents will not be returned to you.

All types of special circumstances must complete steps 1-3 and supply acceptable documentation.

1. Please attach a detailed letter explaining your special circumstance.
2. Provide a **signed** and **dated** copy of your and your parent's (if dependent) 2008 federal tax return and 2008 W-2 forms.
3. Complete the checklist and signature section on page 2.

PLEASE NOTE: Not all circumstances will result in an adjustment of aid. The Special Circumstance Committee ensures that federal, state, and institutional policies and regulations are upheld.

Types of Special Circumstances:

Below are some of the types of special circumstances that we can review. Please attach all required documents and submit to the Office of Financial Aid at the above address.

Circumstance	Acceptable Documentation
Paid Medical/Dental expenses not covered by insurance	<ul style="list-style-type: none"> • IRS Form 1040, Schedule A Or • Copies of cancelled checks or statements indicating amount PAID.
Reduction in income due to involuntary unemployment	<ul style="list-style-type: none"> • Complete the 2009 Student or Parent Expected Income section of this document. And • Letter from employer indicating last date of employment And • Final pay stub And • Copy of Determination of Benefits Rights letter for unemployment
Loss of non-taxable income, such as Child Support or Worker's Compensation	<ul style="list-style-type: none"> • Official statement of benefits with termination date
Divorce, separation, or death of parent or spouse Date of Divorce/Separation: _____	<ul style="list-style-type: none"> • Divorce or legal separation agreement • Death Certificate.
Private Elementary/Secondary Tuition Expenses	<ul style="list-style-type: none"> • Copy of the tuition bill for the 2009-20010 academic year
Unusual one time income change such as inheritance, capital gain, or catastrophic expense	<ul style="list-style-type: none"> • Statement indicating the nature of this occurrence
Parent enrolled at least half time in college	<ul style="list-style-type: none"> • Copy of registration statement for 2009-2010

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1. All applicants must complete the bottom checklist and signature section of this page.

2. Complete the Expected Income Section- ONLY if you are appealing due to loss of income and ONLY for the individual affected.

EXPECTED 09-10 INCOME
(July 1, 2009 - June 30, 2010)

Affected person(s):

Name of individual(s) whose income has significantly changed _____

1. In the spaces below, the affected person will need to itemize their actual and/or estimated total monthly gross income (before deductions) from work. If you will not have any income from work please fill in blank(s) with a zero (0).
2. If the affected person will be receiving any of these benefits below, please indicate the amounts per month and total all columns that have monthly amounts reported.

Monthly gross income from work (before deductions)				Monthly income from benefits			
Please Check:		Please Check:		Please Check:		Please Check:	
<input type="checkbox"/> Student		<input type="checkbox"/> Student		<input type="checkbox"/> Unemployment benefit		<input type="checkbox"/> Unemployment benefit	
<input type="checkbox"/> Spouse		<input type="checkbox"/> Spouse		<input type="checkbox"/> Workers compensation		<input type="checkbox"/> Workers compensation	
<input type="checkbox"/> Father		<input type="checkbox"/> Father		<input type="checkbox"/> Child support received (for all family members)		<input type="checkbox"/> Child support received (for all family members)	
<input type="checkbox"/> Mother		<input type="checkbox"/> Mother					
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____					
July 2009	\$	July 2009	\$	July 2009	\$	July 2009	\$
Aug 2009	\$	Aug 2009	\$	Aug 2009	\$	Aug 2009	\$
Sept 2009	\$	Sept 2009	\$	Sept 2009	\$	Sept 2009	\$
Oct 2009	\$	Oct 2009	\$	Oct 2009	\$	Oct 2009	\$
Nov 2009	\$	Nov 2009	\$	Nov 2009	\$	Nov 2009	\$
Dec 2009	\$	Dec 2009	\$	Dec 2009	\$	Dec 2009	\$
Jan 2010	\$	Jan 2010	\$	Jan 2010	\$	Jan 2010	\$
Feb 2010	\$	Feb 2010	\$	Feb 2010	\$	Feb 2010	\$
Mar 2010	\$	Mar 2010	\$	Mar 2010	\$	Mar 2010	\$
Apr 2010	\$	Apr 2010	\$	Apr 2010	\$	Apr 2010	\$
May 2010	\$	May 2010	\$	May 2010	\$	May 2010	\$
June 2010	\$	June 2010	\$	June 2010	\$	June 2010	\$
Total		Total		Total		Total	

All of the following are required:

- A detailed letter explaining my special circumstances
- A **signed** and **dated** copy of your and your parent's (if dependent) 2008 federal tax return and 2008 W-2 forms
- Acceptable documentation to support my special circumstance
- A completed and signed copy of this form

My signature below certifies that all information on this request and attachments is true, accurate and complete to the best of my knowledge. I understand that approval of this request is contingent upon the accuracy of the information submitted on the FAFSA.

Student: _____ Date: _____

Parent: _____ Date: _____

After all required documents have been received, you will be notified of the outcome by email within 2 weeks. Results will be sent to the student's Edgewood email address. If you would like the results copied to an additional email address, please provide the address below.

Additional email: _____