

2009-2010 Special Circumstance Appeal Form

Student Name _____ Roanoke College ID# _____

Phone number _____ email address _____

If your family's financial situation has changed since you filed the 2009-10 Free Application for Federal Student Aid (FAFSA), or your family has unusual circumstances affecting your ability to pay which are not captured on the FAFSA, you may qualify to have your financial aid eligibility reevaluated. Please complete this form and return it to our office. Typical special circumstance categories are listed below; please check the appropriate reason(s) and provide the requested documentation.

Note that the data on your original FAFSA must be verified prior to reevaluation. You must complete the appropriate verification worksheet supplied by the financial aid office, and submit signed copies of your 2008 federal income tax return, W-2's, and tax schedules. Also, include your spouse, if married, or your parents if you are a dependent student. Upon review, it is possible that we may request additional documentation regarding your verification or your situation.

Please complete and return this form along with required documentation to:

Roanoke College
Financial Aid Office
221 College Lane
Salem, VA 24153

1. **Unemployment:** Indicate to whom the change refers (student, mother, father, spouse, etc), relationship to the student, the name of former employer(s), and calculate the expected/projected income for the 2009 year. Changes in employment must have occurred at least *10 weeks prior* to the submission of this form and resulted in a *loss of at least 20% of income*.

The unemployment is for: _____ **relationship to student:** _____

Name of former Employer(s): _____

Expected/ Projected income from January 1, 2009 through December 31, 2009 for the person(s) for whom the unemployment has occurred:

Wages, salaries, and tips: \$ _____ Untaxed income: \$ _____

List source(s) of income reported _____ (e.g. social security benefits, AFDC, Child Support, other).

Required documentation:

- a) Signed letter from employer on company letterhead verifying separation from employment. The letter must include the date of hire and date of separation.
- b) If receiving unemployment benefits a copy of the benefit statement.
- c) If separated from more than one employer you must submit a letter of separation for each employer.
- d) Provide the expected/projected income above.

2. **Change in employment:** If changes are due to a reduction in hours worked, the letter must include the average number of hours worked and hourly rate of pay. Please explain all changes in detail. Indicate whom the change refers to (you, mother, father, spouse, etc), the relationship to the student, the name of employer(s), and calculate the expected/projected income for 2009.

The Change in employment is for: _____ relationship to student: _____

Name of Employer (s): _____

Expected/ projected income from January 1, 2009 through December 31, 2009 for the person(s) for whom the change in employment has occurred:

Wages, salaries, and tips: \$ _____ Untaxed income: \$ _____

List source(s) of income reported _____ (e.g. social security benefits, AFDC, Child Support, other).

3. **Divorce/Separation:**

Required documentation: Copy of divorce decree or documentation indicating separate residences and itemization of tax return if filed taxes as married.

4. **Loss of or reduction in child support or alimony received:**

Required documentation: letter from parent listing child support termination date and projected amount to be received for 2009. Include amounts if there are other children for whom parent is still receiving support payments.

5. **Disability-** Family member with a *recent* disability: _____

Required documentation: Original documentation from physician or insurance agency verifying circumstances/extent of disability. Written explanation as to how this has affected the family financially.

6. **Elementary or Secondary Private School costs:**

Required documentation: receipts or cancelled checks of tuition paid for 2008-2009, plus proof or enrollment/costs for 2009-2010.

7. **Medical/Dental Expenses:** You or your parents paid unusually large out-of-pocket medical or dental expenses in 2008 that were not covered by insurance and/or not itemized on your/your parents 2008 taxes.

Required documentation: please submit a written explanation of the expenses, along with copies of cancelled checks and paid receipts of medical/dental payments. This information will be reviewed to determine whether or not an adjustment can be made to your financial eligibility.

8. **Other:** _____

Required documentation: Written explanation of the situation, along with relevant documentation.

I/We certify that the information provided on this form is true and correct. Please note: You may be required to submit further documentation to complete your "Special Circumstances/Appeal" File. Your financial aid eligibility can only be reevaluated when all requested documentation is received and the verification process has been completed. Submitting this form along with the appropriate tax returns and supporting documentation may or may not result in an increase in your financial aid eligibility. If your financial aid eligibility changes, you will receive a revised award letter.

Student Signature _____ Spouse (if married) _____ Date _____

Parent Signature (for dependent students only) _____ Date _____