

STUDENT



FINANCIAL AID OFFICE

**2008-2009 REQUEST FOR REVIEW OF SPECIAL CIRCUMSTANCES**  
to be completed after July 1, 2008

---

student name

social security number

---

student address

phone number

---

home address

It has been brought to our attention that you have a change in your family's current financial status. If that change significantly affects your family's ability to pay for education expenses, complete this form with estimated 2007 income.

We will consider actual changes in family circumstances, but we do not normally make adjustments in response to anticipated changes. Such situations will be considered during the following year. After we have reviewed your information, additional documentation may be required.

Please explain the unusual circumstances affecting your family's ability to pay educational costs. Be as specific as possible. Attach supporting documentation such as the date employment status changed, copies of pay stubs showing year to date earnings, information on unemployment benefits, disability or other benefits to be received or reduced.

---

---

---

---

---

---

---

---

---

---

 over

STUDENT

ESTIMATED 2008 INCOME

TAXABLE INCOME

- ⇒ student's wages from January 1, 2008 to today \$ \_\_\_\_\_
- ⇒ student's estimated wages from today to Dec. 31, 2008 \$ \_\_\_\_\_
- ⇒ spouse's wages from January 1, 2008 to today \$ \_\_\_\_\_
- ⇒ spouse's estimated wages from today to Dec. 31, 2008 \$ \_\_\_\_\_
- ⇒ business and/or farm income \$ \_\_\_\_\_
- ⇒ other taxable income (alimony, unemployment compensation, capital gains, pensions, annuities, etc.) \$ \_\_\_\_\_

NON TAXABLE INCOME

- ⇒ social security benefits \$ \_\_\_\_\_
- ⇒ welfare benefits (AFDC, ADC, energy assistance) \$ \_\_\_\_\_
- ⇒ child support received \$ \_\_\_\_\_
- ⇒ pensions or retirement benefits (401 K) \$ \_\_\_\_\_
- ⇒ earned income credit \$ \_\_\_\_\_
- ⇒ tax exempt interest \$ \_\_\_\_\_
- ⇒ housing food and other allowances \$ \_\_\_\_\_
- ⇒ payments to tax deferred pension/savings plan \$ \_\_\_\_\_
- ⇒ other non-taxable income or benefits \$ \_\_\_\_\_
- ⇒ any other income information not reported elsewhere \$ \_\_\_\_\_

All of the information on this form is true and complete to the best of my knowledge. I understand that verification of these estimates may be required.

\_\_\_\_\_ spouse signature (if applicable)  
student signature

\_\_\_\_\_ date

office use only
PI _____ OI _____ PJ _____
z:\forms\2008-09 forms\request for review of special circumstances-student08.doc