2015-2016 Dependent Student Special Circumstance Form

Student’s Name: ___________________________ Luther ID: _______________________

Parent Name(s): _____________________________________________________________

Parent(s) email address: _______________________________________________________

Parent(s) daytime phone number: _______________________________________________

STEP 1: DOCUMENTATION - All students MUST submit the following documentation, regardless of their reason for filing this request. Failure to submit required documentation will delay processing. If you have already submitted these forms to our office, they do not need to be submitted again.

☐ 2014 Signed Parent Federal Tax Return or Transcript
☐ 2014 Signed Student Federal Tax Return or Transcript
☐ Letter documenting the special circumstance

STEP 2: REASON FOR FILING - Check the box for circumstance(s) that apply to you and submit the additional documentation as indicated for that circumstance. Be sure to review the second page.

☐ Loss of Employment, Reduced Wages

Parent wages in 2015 will be at least 10% less than in 2014 due to loss of job, change in employment, reduction in hours, or reduction in pay.

☐ Last check stub(s) from previous/current employer for parents listed on the FAFSA

☐ Individuals with self-employment or other non-W2 income from the tax return need to document their financial changes in the special circumstance letter

☐ Letter from previous employer stating last date of employment

☐ Benefit or denial letter from unemployment. Benefit letter needs to include weekly and maximum benefit amounts.

☐ Severance information, if applicable

☐ Marital Separation / Divorce

Parents must live in separate residences

☐ Documentation of separation, divorce, or verification of separate residences

☐ Documentation of child support, family support or maintenance support. Include support that is received or anticipated.

☐ High Medical/Dental Expenses

Eligible expenses are limited to medical and dental expenses not reimbursed through insurance or employer-sponsored cafeteria plans (HRA, HSA, health care flexible spending account, etc.). As a general rule, these expenses would need to exceed $3,500 before they would have the potential to impact a financial aid award.

☐ Copy of Schedule A from the 2014 Federal Tax Return

☐ If expenses were not claimed on Schedule A, submit a listing of eligible expenses you paid out-of-pocket in 2014

☐ Last check stub(s) from employer for parent(s) listed on FAFSA (if a Schedule A is not submitted)

☐ Loss of Benefits

Student/Parent has lost some or all benefits

☐ Submit official documentation of benefit(s) lost
Note: All appeals for the 2015-16 academic year must be submitted by April 1, 2016.

Step 5: CERTIFICATION - I certify that the information accompanying this form is complete and correct to the best of my knowledge. If additional documentation is required, I will submit such documentation or my Special Circumstance Request will be denied. I also understand that if I give false or misleading information, I may be fined, jailed, or both. I understand that the Financial Aid Office may later request copies of my 2014 Federal Tax Transcripts or other documentation to verify the information submitted for my 2015-16 special circumstances request and adjustments may be made to my financial aid award at that time.

Parent signature                     Date