LUTHER COLLEGE

2023-2024 Dependent Student Special Circumstance Form

Student's Name:		Luther ID:	
Parent Name(s):			
Parent(s) daytime phone nu	mber:		
Parent(s) email address:			
believe there are special circu	umstances that were not	cument a significant change in financi i included/considered on your initial l your information is reviewed by the L	FAFSA. You will be notified
The completion of this form de	oes not guarantee an adj	justment to a student's financial aid a	ward.
individuals disclose a report of	of sexual misconduct, the	n additional page if more space is e Financial Aid Office staff are require vailable resources, and other relevant	ed to consult with the Title
Part A. Submit all of the fo	ollowing:		
 A signed copy of your modapplicable) along with Schaax return please include in the same W2 Forms from the same 	st recent federal tax retunedules A, C, E, and/or F Schedules 1-3 (as applications) year as the tax return su	nange(s) in your family's circumstance irn (for 2021 federal tax return please (as applicable) and W-2 Form(s). If able) along with Schedules A, C, E and ubmitted.). See next page for a list of docume	e include Schedules 1-3 (as submitting a 2022 federal d /or F (as applicable).
Part B. Check ALL that app	ply to you:		
☐ One-time payment refle☐ Divorce or separation at ☐ Death of parent after fi☐ Loss of Untaxed Income ☐ Unusually high medical/account☐ Private elementary or se ☐ Education Loan Paymen	ected on 2021 taxes that fter filing the 2023-24 FA ling the 2023-24 FAFSA (child support, pension,	etc.) ered by insurance or pre-tax medical or sibling hemselves	
student's responsibility to rema information provided in my appea understand that if any of the info with the corrected information. I/	/review of this form does n in in good standing with al and the attached docume ormation used in my appeal we understand that future f I understand that false sta	Ining this form: not guarantee a change in the student's fi the Financial Services and Registrar's ntation is accurate and complete to the be changes, I must contact the Financial Aid inancial aid awards may be reduced if inco atements or misrepresentations may be	offices. I/we affirm that the est of my/our knowledge. I/we d Office immediately in writing ome estimates are significantly
Parent signature	 Date	Student signature	Date Date

(Continue on Back)

ACCEPTABLE DOCUMENTATION FOR PART A:

1.		f employment, or change in employment status Signed statement from the parent explaining reason(s) for unemployment Year-to-date pay stubs showing all income earned from work for 2022 (and 2023, if applicable) Documentation of all untaxed income received in 2022 (and 2023, if applicable)
		Termination letter and/or any documentation regarding severance pay Documentation of any unemployment benefits, disability benefits, retirement benefits, or insurance payments being received or expected to be received (if eligible to receive any of these benefits, amounts must be known before you can submit this form).
2.		e or separation (requires that parents live in separate households)
		Divorce: Copy of divorce decree (include custody and child support agreements) Separation: Copy of legal separation document (include custody and child support agreements); or, if legal separation document is not yet available, a signed statement from your attorney or unrelated third party showing the date of separation
		Parent most recent W2's if taxes were filed jointly Statement confirming parents are in separate residences. (Proof of different addresses on billing statements)
3.	Death	of parent
		Copy of death certificate or an obituary notice Documentation of proceeds of estate distributions including: inheritance, insurance, pensions and Social Security benefits that you have received or expect to receive
4.	Loss o	f untaxed income
		Court documentation stating the last date of child support received
		Letter from the agency providing the benefits, detailing termination of benefits Statement from the agency that summarizes the amounts of the benefits already received
5.	accour	al medical or dental expenses not covered by insurance or a health care flexible spending of the control of the
	•	Copy of Schedule A from federal tax return
		If the Schedule A is not available or the expense was paid in 2022, other documentation must be provided. This could include bills, insurance statements, canceled checks, or other proof of the amounts PAID by the family. In addition to this documentation, you must include your total
		expenses paid in your written statement. Copy of parent(s) most recent paystub
6.	Private	e elementary or secondary school tuition
7.	Educa	tional Loan Payments
		Copy of current bill showing minimum monthly payment due on all federal loans held by either parent or for private student loans held or co-signed by either parent on behalf of other children
8.	Other	documentation/circumstances
		Any relevant documentation that will support request for reconsideration. If you need clarification of what to provide, please contact the Financial Aid Office Luther College Financial Aid Office: PH: 563.387.1018 PH: 800.458.8437 finaid.luther.edu
		Document Submission Options Secure Document Upload Portal: liquidfiles.luther.edu/filedrop/Financial-Aid (requires the student's 7-digit Luther ID) or

FAX: 563.387.2241 or EMAIL: finaid@luther.edu or US MAIL: 700 College Drive, Decorah, IA 52101-1045
