

Special Circumstances Form

Special circumstances allow the school to make adjustments to a student's FAFSA information. If your family's financial situation has changed, you may request a file re-evaluation. Student Financial Services will review your appeal and determine if your aid eligibility has changed. Please be advised that this may not change your financial aid offer, and any change may not fully cover your outstanding balance.

Student Information

Student Name	Date of Birth	LMU Student ID	Student Phone	Parent Phone
Address		City	State	Zip

Reasons for Appeal

Change in household size

Please list all members in your household.

Student's Name	Age	Relationship to Student	College and Grade Level
		Self	Lincoln Memorial University

Please provide details of the change in your household size.

Change of income or assets

Please provide a letter of separation from the employer, **PROOF OF UNEMPLOYMENT BENEFITS**, a copy of the last paystub and/or statement from an appropriate agency, most recent W2s, and the signed tax return.

Source of loss: _____

Effective date: _____ Voluntary* Involuntary

*If your loss of income is voluntary, please provide a brief explanation: _____

Unusual medical or dental expenses not covered by insurance

Please provide paid receipts for medical and dental payments along with a copy of Schedule A from your most recent tax return.

Amount paid or expected to be paid in the current academic year: _____

Will you itemize these expenses on your federal tax return? Yes No

Divorce/separation of a parent or divorce/separation of the student from a spouse

Please provide copies of legal documents of separation or divorce, most recent W2s, and signed tax returns for all parties.

Death of parent or spouse

Please provide a copy of the death certificate.

Other

Please provide a detailed explanation of why you are requesting a special circumstance review. Per Federal Regulations, consumer debt cannot be a consideration.

Signature(s)

I hereby affirm that all information reported on this form and any attachments hereto is true, complete, and accurate to the best of my (our) knowledge. I understand that if I (we) receive federal student aid based on incorrect information, I (we) will have to pay it back; I (we) may also have to pay fines and fees. I understand that additional documentation may be requested to make a determination on this appeal.

Student: _____ Date: _____ Parent: _____ Date: _____
Dependent Students only