



Shimer

The Great Books College of Chicago

Student Name: _____ Social Security or ID# _____

Daytime Phone #: Student: (_____) _____ - _____ Parent: (_____) _____ - _____

PLEASE INDICATE BELOW THE SPECIAL CIRCUMSTANCES THAT APPLY TO YOUR SITUATION

A. LOSS OF INCOME

_____ 1. Involuntary reduction in parent, student or spouse employment income in 2008 Please provide a copy of last check stub, letter from employer and unemployment compensation information.

_____ 2. Complete loss of non-taxable income such as Social Security, Child Support, Workers Compensation, TANF, AFDC and Veterans' Benefits in 2008 Please provide a copy of documentation indicating loss of benefit and termination date.

_____ 3. A typical one-time taxable earning such as a capital gain, 401K disbursement or moving expenses reflected on 2007 income taxes Please provide a statement indicating the nature of the earnings and what the funds were used for.

B. EXCEPTIONAL MEDICAL EXPENSES

_____ 4. Unusual or excessive medical expenses not covered by insurance incurred and paid in 2007. As a general rule, these expenses should be at least \$1500 submitting documentation.

Additional Documentation Required:

Schedule A of 1040 tax return or copies of cancelled checks and receipts

Please provide a total of all items \$ _____

C. EDUCATIONAL EXPENSES

_____ 5. Private elementary/secondary school tuition expenses for student's siblings If you or your parents are paying for elementary or secondary school tuition for other children in the household provide copies of canceled checks or a copy of the tuition bill for the period from July 1, 2007 to June 30, 2008. If next year's figures are not available, please estimate.

Total amount paid: \$_____

Name of Child	Age	Unreimbursed Tuition
_____	_____	_____
\$_____	_____	_____
_____	_____	_____
\$_____	_____	_____

_____ 6. Parents' 2007-08 out-of-pocket tuition expenses for their half-time (at least) enrollment at a college or university

Please provide a copy of paid tuition statements and a copy of Parents' class registration for Fall 2007/Spring 2008

Name of Parent	School	Unreimbursed Tuition
_____	_____	_____
\$_____	_____	_____

D. UNUSUAL SPECIAL CIRCUMSTANCES RESULTING IN EXCEPTIONAL NON-DISCRETIONARY EXPENSES

_____ 7. Your parents or you and your spouse have become legally separated/divorced after submission of your original FAFSA.

Please provide a copy of legal divorce decree/separation order. Date of separation/divorce ___/___/_____

_____ 8. Your spouse or parent has died after the submission of your original FAFSA Please provide a copy of the death certificate.

_____ 9. Uninsured major theft or damage losses in 2007 Please provide documentation

_____ 10. Other Unusual Non-Discretionary Expenses and/or Debt in 2007 (including educational debt) Please provide documentation