



Enclosed please find a 2009-2010 Request for Consideration of Special Circumstances Appeal Form. Review each item carefully to determine which special financial circumstances you have experienced. Please provide complete documentation in reference to your situation. Upon receiving your information, your case will be reviewed, and you will be notified as to the outcome of your appeal.

Make sure to:

- 1) We must have your 2009-2010 Free Application for Federal Student Aid (FAFSA) on file before an appeal is considered.
- 2) Please provide a letter detailing your circumstances.
- 3) Please complete and provide the information/documents requested for the items checked.
- 4) Return all documents attached to the completed *Request for Consideration of Special Circumstances Appeal* form to the Office of Student Financial Planning as soon as possible. Include a signed copy of your (and your parent's) 2008 federal tax return (unless you have already done so). To ensure maximum consideration for aid this form should be returned within two weeks.
- 5) Please address your documentation to:

Shimer College  
Financial Aid Office  
Attn: Special Circumstances  
3424 S. State St.  
Chicago, IL 60616-3893

It is important to note that documentation submitted for expenses must show that this expense has already been paid. Some examples are copies of written checks, bank account statements, year-end summaries, or billing statements specifically indicating, "amount paid." Writing "paid" and the check number on the copy of your billing statement is not sufficient proof of payment. We require legitimate proof of payment. Clearly identifying and documenting your special circumstance will greatly assist us in accurately reviewing your circumstances in a timely manner.

If you have questions or would like further assistance, please do not hesitate to call us at 312-235-3507.

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 2009 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 2009 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 2008 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 2008. 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, 2008 to June 30, 2009. If next year's figures are not available, please estimate.

Total amount paid: \$ \_\_\_\_\_

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

\_\_\_\_\_ 6. Parents' 2009 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 Spring 2009/Fall 2009

Name of Parent Tuition	School	Unreimbursed
_____	_____	
\$ _____		

**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 2008 Please provide documentation

\_\_\_\_\_ 10. Other Unusual Non-Discretionary Expenses and/or Debt in 2008 (including educational debt) Please provide documentation

