

08-09



Office of Student Financial Aid  
150 Tirey Hall, Terre Haute, IN 47809  
Phone: (812) 237-2215 or (800) 841-4744  
Fax: (812) 237-4330 or (812) 237-3925  
Email: [finaid@indstate.edu](mailto:finaid@indstate.edu)  
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**SPECIAL CIRCUMSTANCE APPEAL FORM**

Student First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ 991- \_\_\_\_\_  
ID Number \_\_\_\_\_

**Submit this completed form and attach all supporting documents listed on page 2 for your request** if you or an immediate family member have had a significant loss of income or benefits or have incurred unusual expenses which are substantially affecting your ability to pay for school.

**Select the special circumstance that applies specifically to your family.**

\_\_\_\_\_ **A. Loss of Income Due To Unemployment, Underemployment, or a Loss of Benefit**

You, your parent(s) or spouse were employed in 2007, but are now unemployed, underemployed or have lost funding from a benefit (like Social Security payments) or untaxed income.

1. Name of person who incurred loss \_\_\_\_\_
2. Their relationship to the student \_\_\_\_\_
3. Date of income loss \_\_\_\_\_
4. Person's projected 2008 earnings \$ \_\_\_\_\_
5. Person's projected 2008 untaxed income \$ \_\_\_\_\_  
*(Include Social Security, unemployment comp., pension, annuity, lump sum distribution, disability benefits, etc.)*

\_\_\_\_\_ **B. Unusually High Unreimbursed Medical, Optical, and/or Dental Expenses Paid**

You, your spouse or your parent(s) have incurred unreimbursed medical, optical, and/or dental expenses (including insurance premiums) in 2007 or 2008 that are **in excess of 11%** of the total Adjusted Gross Income reported on the 2007 federal taxes used to complete the FAFSA.

\_\_\_\_\_ **C. Death of Parent or Spouse since filing the FAFSA**

1. Name of deceased \_\_\_\_\_
2. Their relationship to you \_\_\_\_\_
3. Date of Passing \_\_\_\_\_

\_\_\_\_\_ **D. Unusually High Direct Educational Costs**

You have incurred UNUSUALLY HIGH educational expenses in 2008 for required books, supplies, transportation costs, or housing expenses.

\_\_\_\_\_ **E. Other Unusual Circumstances**

You, your parent(s), or your spouse have experienced costly UNUSUAL expenses in 2008 that are significantly affecting your ability to pay for your educational expenses.

**CERTIFICATION AND SIGNATURES**

I certify that the information and documentation provided is accurate and complete to the best of my knowledge. I have provided complete documentation to allow for a full review of my situation. I understand that my special circumstances request will be considered based upon the information provided and submission of insufficient documentation will be justification for denial without further review.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(required)* *(required for dependent students)*

**\*\*Also turn in the required supporting documents listed on page 2.\*\***

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The following items are **required** along with your request if you have not already turned them in:

- A detailed cover letter explaining the cause of the loss or expense occurred.
- A Verification Form (Dependent or Independent as appropriate for your dependency determined by the answers from your FAFSA).
- Signed copies of the 2007 federal income tax forms that were required to complete your FAFSA.

**Also turn in the supporting documentation listed below applicable to your situation:**

\_\_\_\_\_ **A. Loss of Income Due To Unemployment, Underemployment, or a Loss of Benefit**  
***Supporting documentation should include the items appropriate to your situation below:***

- 2007 federal income tax schedules and attachments related to the loss of income
- copy of termination, resignation or retirement notice
- employer verification of reduction in earnings due to a change in employment or natural disaster
- a copy of the notification of date when Social Security Benefits would end
- verification of untaxed income and/or benefits in 2008
- court records or other official correspondence verifying the reduction or loss of income or benefits
- a copy of the declaration of disability notice

\_\_\_\_\_ **B. Unusually High Unreimbursed Medical, Optical, and/or Dental Expenses Paid**  
***Supporting documentation should include:***

- 2007 federal income tax return Schedule A showing claimed expenses paid
- **Or** copies of the receipts showing the amounts you, your spouse and/or parent(s) paid in 2008
- *Note that amounts billed, but unpaid, cannot be considered for adjustment.*

\_\_\_\_\_ **C. Death of Parent or Spouse since filing the FAFSA**  
***Supporting documentation should include:***

- 2007 federal income tax, W-2's, schedules and attachments related to that person's income
- Copy of their death certificate

\_\_\_\_\_ **D. Unusually High Direct Educational Costs**  
***Supporting documentation should include:***

- A letter from your department chair indicating that the expenses were required for you and other students in your program and that they are directly related to your educational program
- Receipts of expenses paid or itemized costs (receipt to follow immediately after purchase/payment)

\_\_\_\_\_ **E. Other Unusual Circumstances**  
***Supporting documentation should include:***

- Detailed documentation confirming the costs and their relevance to your educational pursuit.