

**2009-2010 Special Circumstances Appeal Form**  
***Dependent Student Application***

**Applications received by June 1, 2009 will be reviewed by July 1, 2009.**  
**All other applications will be reviewed by October 1, 2009.**

**Do not complete this form unless you have already applied for financial aid using the 2009-2010 Free Application for Federal Student Aid (FAFSA) and received an award letter from Evangel University for the 2009-2010 academic year.**

**If you have not filed the FAFSA, please complete the on-line form as soon as possible at:**  
[www.FAFSA.ed.gov](http://www.FAFSA.ed.gov)

The purpose of this 2009-2010 Special Circumstances Appeal form is for you to explain the changes in your family's financial situation since 2008. This form allows for a review of circumstances that were not considered when you completed the FAFSA. Please note that the Committee will **not** consider consumer debt (e.g., auto loans, credit card payments, foreclosure, bankruptcy) as a condition for professional judgment consideration. If your appeal is approved, the data that you provide on this form will be used in re-evaluating your eligibility for federal financial aid. Submission of this form does not guarantee a change in your financial aid eligibility or award(s). The decision of the Student Financial Services Office at Evangel University is final and cannot be appealed to the U.S. Department of Education.

**Step One:** Your file must be verified for accuracy before the Special Circumstances review can begin. If your 2009-2010 FAFSA was selected for verification and you and your parents have already sent your 2008 federal tax return and verification forms to our office, do not send a second copy. If you were not selected for verification, please provide the following information in addition to the specific documents required to consider your situation:

- Submit a signed and dated copy of your and your parent(s) 2008 federal tax return(s), including all schedules, and W-2/1099 forms.
- Complete, sign, and date the 2009-2010 Verification Worksheets (3 pages) available on our website at <http://www.evangel.edu/SFS/Forms/09-10/DependentVerificationWorksheet.pdf>

**Step Two:** Make sure to check the circumstance(s) that best describe your situation(s), attach all required documents, and submit to the Student Financial Services Office at the fax number or address listed below. **Please submit photocopies, as no documents will be returned.** If additional documentation is requested from our office to assist our Special Circumstances evaluation, please indicate: Special Circumstances and put your name on each document when faxing.

**Student Financial Services Office**  
**1111 North Glenstone Avenue**  
**Springfield, Missouri 65802**  
**Phone: (417) 865-2815, ext. 7300**  
**FAX: (417) 575-5478**

EVANGEL  
UNIVERSITY  
ARTS, SCIENCES & PROFESSIONS

**2009-2010 Dependent Student Special Circumstances Appeal Form**

**APPEALS WILL ONLY BE PROCESSED WITH THE APPROPRIATE DOCUMENTATION ATTACHED.**

|                                 |                            |                          |          |
|---------------------------------|----------------------------|--------------------------|----------|
| Last Name <i>(Please print)</i> | First Name                 | MI                       |          |
| Social Security Number          | Grade Level                | Student's E-mail address |          |
| Address                         | City                       | State                    | Zip Code |
| Parent's Telephone Number       | Student's Telephone Number | Parent's E-mail address  |          |

**PLEASE READ CAREFULLY – CHECK ALL THAT APPLY**

If you were considered a “Dependent” student when you completed the FAFSA, you and/or your parents must meet at least one of the following special circumstances.

**Circumstances That Affect Parents:** *Check the categories that apply to your parents.*

- A. Reduction or loss of income from work for at least ten (10) weeks in 2008 or 2009**
  - Mother/Stepmother     Father/Stepfather
  - 1. Layoff/Termination** – Last date worked (*mm/dd/yy*): \_\_\_\_\_  
**Documentation Required:**
    - a. A signed letter from employer on company letterhead stating effective date.
    - b. Copy of the last pay statement showing gross year-to-date income from each job worked for **both** mother and father.
    - c. Documentation of unemployment benefits from state agency stating start and end date, weekly amount, and total amount of benefits, if applicable.
    - d. Documentation of any severance pay received, IRA's, stocks, bonds, pensions, etc. converted to cash.
    - e. Has the parent started another job?  No  Yes  
 If yes, give start date (*mm/dd/yy*): \_\_\_\_\_. Submit a copy of a recent pay statement.  
*Please highlight or write pay frequency on each pay statement submitted (monthly, bi-weekly, or weekly).*
  - 2. Disability beginning in 2008 or 2009**  
 Date disability started: \_\_\_\_\_ ended: \_\_\_\_\_  
**Documentation Required:**
    - a. A signed statement from a physician indicating the start date of the disability and the expected length of time of inability to work.
    - b. Documentation of any worker's compensation disability benefits you received or will receive in 2008 or 2009.
    - c. Document any social security or other disability income you received or will receive in 2008 or 2009.
  - 3. Other** ♦ Attach a letter explaining the situation along with supporting documents.

- B. Reduction or loss of other taxable income and/or benefits for at least ten (10) weeks in 2008 or 2009**
1. **Unemployment compensation** ♦ Submit copy of letter from unemployment office stating when unemployment compensation is to end and the total amount of benefits paid in 2008 or 2009.
  2. **Alimony** ♦ Submit court documents stating when alimony is to end and total amount of alimony that was received in 2008 or 2009.
  3. **Other** ♦ Attach a letter explaining the situation along with supporting documents.
- C. Loss of untaxed income and/or benefits for at least ten (10) weeks in 2008 or 2009**  
*Submit documentation, dates, and total amount received for all applicable resources:*
1. **Social Security income** ♦ Date Social Security ended (*mm/dd/yy*): \_\_\_\_\_  
 Letter from the Social Security Administration stating the amount of benefits received in 2008 and/or 2009 and when the benefits will end.
  2. **Child Support** ♦ Date child support ended: \_\_\_\_\_  
 Official document or signed personal statement indicating date child support ended and total amount received in 2008 and/or 2009.
  3. **Other untaxed income and/or benefits** ♦ (Circle all that apply).  
 Worker's Compensation, Veteran's Death Benefits, Dependency and Indemnity Compensation (DIC), housing, food and other living allowances for military/clergy, other, Temporary Assistance for Needy Families (TANF) and/or any other untaxed income.
- D. Separation of parents in 2008 or 2009**  
 Date of legal separation (*mm/dd/yy*): \_\_\_\_\_  
 Which parent will the student live with? \_\_\_\_\_  
 Who will provide the most support? \_\_\_\_\_  
**Documentation Required:**
- a. Copy of supporting parent's year-to-date earnings statement and amount of child support or alimony.
  - b. Copy of legal separation.
- E. Divorce of parents in 2008 or 2009**  
 Date of divorce (*mm/dd/yy*): \_\_\_\_\_  
 Which parent will the student live with? \_\_\_\_\_  
 Who will provide the most support? \_\_\_\_\_  
**Documentation Required:**
- a. Copy of supporting parent's year-to-date earnings statement and amount of child support or alimony.
  - b. Copy of divorce decree.
- F. Death of parent in 2008 or 2009**
- Mother/Stepmother     Father/Stepfather
- Date of death (*mm/dd/yy*): \_\_\_\_\_  
 Submit a copy of the death certificate or obituary and surviving parent's year-to-date earnings statements.
- G. Expenses paid**
1. **Unusual medical or dental expenses paid out of pocket by family in 2008 or 2009 (total must be greater than 11% of adjusted gross income)**  
**Documentation Required:**
    - a. Submit a copy of your 2008 Federal Tax Schedule A or
    - b. Complete the attached **Medical/Dental Documentation Form**. Submit form and copies of supporting documentation as proof of payments in 2008 or 2009. Include a copy of the payment agreement with the hospital or health organization, if applicable.
  2. **Catastrophic event in 2008 or 2009**  
**Documentation required:**
    - a. Submit a letter explaining the situation.

- b. Official report, invoices and receipts of expenses paid by the family not covered by insurance.
- c. Copy of statement(s) from the insurance company of any paid or denied claims.
- 3. **Child support paid in 2009** ♦ Submit cancelled checks or other proof of payments beginning in 2009.
- 4. **Alimony paid in 2009** ♦ Submit cancelled checks or other proof of payments beginning in 2009.

**H. Private tuition for elementary or secondary school**

(Applies to tuition only for siblings considered part of the college student's household. Do not include scholarship amounts as part of tuition paid.)

**Documentation Required:**

- a. A signed letter on school letterhead stating the student's name and tuition amount paid for the previous school year (2008-2009).

**I. Parent enrolled in college**

(Parent must be degree seeking and enrolled at least half-time in 2009 or 2010.)

- Mother/Stepmother       Father/Stepfather

Is parent receiving employer tuition reimbursement?  No  Yes If yes, what amount? \_\_\_\_\_

Name and location of the College/University: \_\_\_\_\_

**Documentation Required:**

- a. Complete the attached **Parent in College Verification Form**.

**Circumstances That Affect Dependent Students:** *Check the categories that apply to you.*

**J. Loss of taxable income in 2008 or 2009**

- 1. **Your 2008 income was greater than \$3,000 and you are expecting a significant reduction in your income during 2009** ♦ Reason for reduction in income:

**Documentation Required:**

- a. A signed letter from employer on company letterhead stating effective date.
- b. Copy of the last pay statement showing gross year-to-date income from each job worked.
- c. Have you started another job?  No  Yes

If yes, give start date (mm/dd/yy): \_\_\_\_\_.

Submit a copy of a recent pay statement. *Please highlight or write pay frequency on each pay statement submitted (monthly, bi-weekly, or weekly).*

**K. Loss of untaxed income and/or benefits for at least ten (10) weeks in 2008 or 2009**

*Submit documentation, dates, and total amount received for all applicable resources:*

- 1. **Social Security income** ♦ Date Social Security ended (mm/dd/yy): \_\_\_\_\_

Submit a copy of the SSA-1099 Social Security Benefit Statement or a letter from the Social Security Administration stating the amount of benefits received in 2008 and/or 2009 and when the benefits end.

- 2. **Other untaxed income and/or benefits** ♦ Include both a letter explaining the situation as well as supporting documents.

**2009-2010 Special Circumstances Appeal Form**  
**Expected Total Income and Benefits**  
**January 1, 2009 through December 31, 2009**

| All sources of income for 2009  | Father/Stepfather   | Mother/Stepmother   | Student  |
|---|---|---|--|
| <b>2009 Anticipated Gross Wages Earned from Work</b><br><b>(January 1, 2009 to December 31, 2009)</b> <ul style="list-style-type: none"> <li>• Include wages already earned</li> <li>• Provide most recent pay stubs for documentation.</li> </ul>  | \$ _____  | \$ _____  | \$ _____<br>Have you earned income from Federal Work Study (FWS)?<br><input type="checkbox"/> No <input type="checkbox"/> Yes<br>If yes \$ _____ |
| <b>Other 2009 Taxable Income:</b><br>Document <u>both</u> the amount and the source:<br><b>*Examples:</b><br>Unemployment compensation, taxable portion of Social Security benefits, severance pay, interest income, dividends, alimony, business income, capital gains, pensions, and annuities (minus rollover amounts), IRA's (minus rollover amounts), rents, royalties, partnerships, estates, trusts, life insurance payment, and any other taxable income.           | \$ _____<br>\$ _____<br><br>Identify source of the income from examples*:<br>_____<br>_____ | \$ _____<br>\$ _____<br><br>Identify source of the income from examples*:<br>_____<br>_____ | \$ _____<br>\$ _____<br><br>Identify source of the income form examples*:<br>_____<br>_____  |
| <b>Untaxed 2009 Income or Benefits:</b><br>Document <u>both</u> the amount and the source:<br><b>*Examples:</b><br>Social Security Benefits (untaxed portions), child support received for all children, Temporary Assistance for Needy Families (TANF), worker's compensation, Veteran's Death Benefits, Dependency and Indemnity Compensation (DIC), housing, food, pensions, annuities, other living allowances for military/clergy/other, and any other untaxed income. | \$ _____<br>\$ _____<br><br>Identify source of the income from examples*:<br>_____<br>_____ | \$ _____<br>\$ _____<br><br>Identify source of the income from examples*:<br>_____<br>_____ | \$ _____<br>\$ _____<br><br>Identify source of the income form examples*:<br>_____<br>_____  |

**Certification:** Please read and sign below.

My signature and date below certifies that the information provided on this form and the contents of any and all attachments are true to the best of my knowledge.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

*Please submit your Special Circumstances Appeal Form and other required documents to:*  
**Evangel University**  
**Student Financial Services**  
**Attn: Special Circumstances Appeal**  
**1111 North Glenstone Avenue**  
**Springfield, Missouri 65802**  
**FAX (417) 575-5478**

**2009-2010**

**Special Circumstances Medical/Dental Documentation Form**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Use this form to list the medical/dental expenses paid out of pocket during 2008 or 2009, or submit a copy of **Schedule A** from your 2008 Federal Tax Return. The total **must** be greater than 11 percent of your adjusted gross income.

***ATTACH a copy of your documentation to this form:***  
Photocopy this form if you need additional lines to document expenses.

|    | <b>Date Paid</b> | <b>Amount Paid</b> | <b>Identify and attach Payment Documentation:<br/>copy of bill, receipt, check, payment plan, etc.</b> |
|----|------------------|--------------------|--|
| 1  |                  |                    |  |
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| 20 |                  |                    |  |

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Student Financial Services  
Attn: Special Circumstances Appeal  
1111 North Glenstone Avenue • Springfield, Missouri 65802 • FAX (417) 575-5478***

**2009-2010**

**Special Circumstances Parent in College Verification Form**

*Please Note: Your parent must be enrolled in a minimum of 6 credit hours and be pursuing a degree in order to submit this form. The institution must be accredited and recognized by the U.S. Department of Education to be considered.*

**SECTION A: EVANGEL UNIVERSITY STUDENT INFORMATION**

NAME \_\_\_\_\_ SSN \_\_\_\_\_  
Last First Middle

**SECTION B: PARENT INFORMATION**

NAME \_\_\_\_\_ SSN \_\_\_\_\_  
Last First Middle

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
*Parent in college must sign to authorize release of information.*

**SECTION C: TO BE COMPLETED BY THE PARENT'S OFFICE OF STUDENT FINANCIAL AID OR THE REGISTRAR'S OFFICE**

Please check your records to see if the person listed in Section B is enrolled in your institution and complete the questions below:

- Yes  No  Is your institution recognized by the U. S. Department of Education?
- Yes  No  The student is/will be enrolled at this institution at least half-time during 2009-2010.
- Yes  No  The student is enrolled in a degree or certificate program.

If yes, indicate program: \_\_\_\_\_ Expected completion date: \_\_\_\_\_

Dates of applicable enrollment period: \_\_\_\_\_ to \_\_\_\_\_

If the student listed in Section B is **NOT** enrolled at this institution for the 2009-2010 academic year, please check this box.

\_\_\_\_\_  
Financial Aid Director / Registrar Signature Date

\_\_\_\_\_  
Name of Institution, Address and Telephone Number

**Upon completion please return to:**  
**Student Financial Services**  
**Evangel University**  
**1111 N. Glenstone Avenue**  
**Springfield, MO 65802**  
**Phone: (417) 865-2815, ext. 7300 • FAX (417) 575-5478**