

2009-2010 Special Circumstances Appeal Form
Independent 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

The purpose of this 2009-2010 Special Circumstances Appeal form is for you to explain the changes in your 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 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 spouse's (if applicable) 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/General/FinancialAid/Forms/index.asp>

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 Special Circumstances Appeal Form
Independent Student Application

Veteran of the U.S. Armed Forces Graduate Student Degree Completion Student Undergraduate Student

APPEALS WILL ONLY BE PROCESSED WITH THE APPROPRIATE DOCUMENTATION ATTACHED.

Last Name (<i>Please print</i>)	First Name	MI	
Social Security Number	E-mail address	Telephone Number	
Address	City	State	Zip Code

PLEASE READ CAREFULLY – CHECK ALL THAT APPLY

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

Special Circumstances: *Check the categories that apply to you or your spouse.*

A. Reduction or loss of income from work in 2008 or 2009

1. You left the work force to return to school ♦ Last date worked (*mm/dd/yy*): _____

Documentation Required:

- a. A signed letter from employer on company letterhead stating effective date of separation.
- b. Copy of the last pay statement showing gross year-to-date income from each job worked for **both** you and your spouse.
- c. Documentation of any severance pay received, IRA’s, stocks, bonds, pensions, etc. converted to cash.
- d. Have you started another job? No Yes If yes, give start date (*mm/dd/yy*): _____.
Submit a copy of your pay statement. *Please highlight or write pay frequency on each pay statement submitted (monthly, bi-weekly, or weekly).*

2. Layoff/Termination – Last date worked (*mm/dd/yy*): _____

Documentation Required:

You must have been unemployed for 10 weeks to be able to submit for this reason.

- 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 you and your spouse.
- c. Documentation of unemployment benefits from state agency stating start and end date, weekly amount, and total amount of benefits.
- d. Documentation of any severance pay received, IRA’s, stocks, bonds, pensions, etc. converted to cash.
- e. Have you started another job? No Yes If yes, give start date (*mm/dd/yy*): _____.
Submit a copy of your pay statement. *Please highlight or write pay frequency on each pay statement submitted (monthly, bi-weekly, or weekly).*

3. 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.

4. 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 living allowances for military/clergy Temporary Assistance for Needy Families (TANF)
any other untaxed income

D. Separation in 2008 or 2009 Date of legal separation (mm/dd/yy): _____

Documentation Required:

- a. Provide a copy of your year-to-date earnings statement.
- b. Provide a copy of the legal separation papers.

E. Divorce in 2008 or 2009 Date of divorce (mm/dd/yy): _____

Documentation Required:

- a. Provide a copy of your year-to-date earnings statement.
- b. Provide a copy of the section of your divorce decree that specifies the effective date of the divorce, amount of alimony and/or child support, if any, and when payments are to start.

F. Death of spouse in 2008 or 2009 Date of death (mm/dd/yy): _____

Submit a copy of the death certificate or obituary and a copy of student's year-to-date earnings statement.

G. Unusual expenses paid by you and/or spouse in 2008 or 2009

Documentation Required:

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 **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 you and/or your spouse **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.

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

All sources of income for 2009	Student	Spouse
2009 Anticipated Gross Wages Earned from Work: (January 1, 2009 to December 31, 2009) <ul style="list-style-type: none"> • Include wages already earned • Provide most recent pay stubs for documentation. 	\$ _____ Have you earned income from Federal Work Study (FWS)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes \$ _____	\$ _____ Have you earned income from Federal Work Study (FWS)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes \$ _____
Other 2009 Taxable Income: Document <u>both</u> the amount and the source: *Examples: 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.	\$ _____ \$ _____ Identify source of the income from examples*: _____ _____	\$ _____ \$ _____ Identify source of the income from examples*: _____ _____
Untaxed 2009 Income or Benefits: Document <u>both</u> the amount and the source: *Examples: 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.	\$ _____ \$ _____ Identify source of the income from examples*: _____ _____	\$ _____ \$ _____ Identify source of the income from examples*: _____ _____

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

 Spouse 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.

	Date Paid	Amount Paid	Identify and attach Payment Documentation: copy of bill, receipt, check, payment plan, etc.
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
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16			
17			
18			
19			
20			

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