

IVY TECH COMMUNITY COLLEGE

Special Circumstance Request Form 2010-2011

(Forms not accepted until after July 1, 2010)

Student Name _____ Student ID C
Address _____ Telephone (____) ____-____
City _____ State _____ Zip Code _____

The Expected Family Contribution (EFC) is calculated to assess the financial strength of a federal student aid applicant or the applicant's family. Readily verifiable information from the federal income tax return has proven the most reliable indicator of a family's available income. For this reason, data from the 2009 tax year is used on the 2010-2011 application. The U.S. Department of Education understands that many conditions could affect the financial circumstances of an applicant and his or her family after 2009. Using professional judgement, the financial aid administrator may decide on a case-by-case basis to modify data elements in the EFC formula. Any change in these data elements must be adequately documented in the student's file. Please note that the financial aid administrator's decision regarding adjustments is final and cannot be appealed. **INCOMPLETE FORMS WILL NOT BE PROCESSED.**

INSTRUCTIONS

1. Complete this form in its entirety.
2. Provide documentation of year-to-date earnings (last/most recent pay stub) or unusual expenses.
3. Submit the completed form and all required documentation to the Financial Aid Office at your campus.
4. Please allow up to 6 weeks for a response on your appeal.

The special circumstance requiring review occurred to:

Parent(s) of dependent student Student Spouse of student

Reason for the change in income or expenses:

Loss of income from work (complete 2010 Projected Income Table on back of form)

Period of Unemployment: _____ to _____

Layoff (minimum of 10 continuous weeks) – Provide a letter on letterhead from employer stating effective date and anticipated return.

Plant Closing – Provide a letter on letterhead from employer stating effective date.

Termination – Provide letter on letterhead from employer or unemployment office stating effective date.

Disability – Date of disability: _____. Attach appropriate documentation.

Quit or reduced employment to attend school. Provide employer letter on letterhead with effective date.

Other – Provide information in the explanation section on the back of this form.

Loss of other income (complete Projected 2010 Income Table)

Alimony – Provide court document stating termination of date of benefit.

Unemployment compensation – Provide letter from unemployment office stating termination date of benefit.

Other – Provide information in the explanation section on the back of this form.

Separation or Divorce

Parent of dependent student

Student and spouse

Date of separation or divorce: _____

Provide a copy of separation papers or divorce decree and copies of 2009 federal income tax forms and W2's.

Death of Parent of dependent student or **Spouse** of student

Date of death: _____

Provide a copy of the death certificate or newspaper obituary

One-time income (inheritance, moving expense allowance, lump sum retirement distribution, etc.) You must attach a separate sheet that identifies the source of the one-time income and how the funds were spent or invested.

Unusual expenses paid (medical or dental expenses or elementary/secondary school tuition.) You must provide documentation of the type and amount of expenses **paid** during 2009 and amounts remaining to be paid during the 2010-2011 school year. For medical and dental expenses, also provide documentation of any amounts paid by insurance.

Complete reverse side also

