



Student Name (Last, First)	myZou Student ID Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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2009-2010 Special Circumstances

The Student Financial Aid Office understands that the family's ability to contribute toward 2009-2010 academic expenses may change since the time of filing the Free Application for Federal Student Aid (FAFSA). This form will allow you to explain any circumstances that you feel may affect your ability to cover your educational costs. Attach supporting documentation with dollar amounts and clear explanations. We cannot process this appeal without specific details regarding your special circumstances or without appropriate supporting documentation. Circle the appropriate letter that pertains to the circumstance which best describes your situation. In addition, complete the reverse side of this form indicating all information pertaining to your 2009 income.

- **Allow three weeks for processing of this appeal.**
 - **If you were selected for verification, that process must be complete before we can process your appeal.**
 - **If you were not selected for verification, you must attach a signed copy of your parent's and your 2008 federal tax return and W-2 forms.**
- A. You and/or your parent were employed in 2008 and have been unemployed in 2009. Submit a letter from your employer explaining why you or your parent is no longer employed full time and a copy of your or your parent's most recent pay stub. Also, documentation of any unemployment benefits you or your parent will receive in 2009. If you or your parents have returned to work, a letter from your current employer estimating your 2009 adjusted gross income is required.
- B. Since you have applied for financial aid for the 2009-2010 academic year your parents have become separated or divorced. Attach a copy of the divorce decree, if divorced, or documentation of separate households, if separated.
- C. Since you have applied for financial aid for the 2009-2010 academic year one of your parents have died. Please send a copy of the death certificate.
- D. You or your parents had medical/dental expenses not reimbursed by insurance, which exceeded 7.5% of your/their 2008 total adjusted gross income. Submit a copy of the taxpayer's Schedule A or photocopies of **paid** receipts or canceled checks only for uninsured medical expenses.
- E. Your parent will pay tuition for private elementary, junior high and/or high school in 2009. Our office will send you an Elementary and Secondary Tuition Verification Form for the private school to complete and return to our office. Indicate the number of forms you will need.
- F. You or your parent received unemployment or some untaxed income in 2008 but will no longer receive the benefit in 2009. Attach a letter documenting the benefit loss and the amount you will receive in 2009.
- G. Should none of the above statements apply to your situation attach a signed statement to this form explaining your circumstances.

All documents must be received by April 1, 2010 to be considered.

Student Name (Last, First)	myZou Student ID Number <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								

2009-2010 Special Circumstances

Anticipated Family Income, Benefits and Expenses

Please provide all income or benefits to be received between January 1, 2009 and December 31, 2009. If a type of assistance does not apply to you put \$0 on the line. **Do not leave any blanks.** Report full amount expected for 2009. You are responsible for contacting our office should this estimate change.

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|-----|---------------------------------------------------------------------|----------|--------|----------|
| 1. | Earnings from employment: Father | \$ _____ | Mother | \$ _____ |
| | Student | \$ _____ | Spouse | \$ _____ |
| 2. | Unemployment compensation | | | \$ _____ |
| 3. | Social Security benefits | | | \$ _____ |
| 4. | Untaxed pensions/annuities | | | \$ _____ |
| 5. | Child support received for all children | | | \$ _____ |
| 6. | Untaxed retirement or disability benefits | | | \$ _____ |
| 7. | Welfare benefits, including Temporary Assistance for Needy Families | | | \$ _____ |
| 8. | Workers' Compensation | | | \$ _____ |
| 9. | Veterans benefits (non-educational) | | | \$ _____ |
| 10. | Housing, other allowances (i.e. clergy, military) | | | \$ _____ |
| 11. | Other (i.e. interest income, list sources) | | | \$ _____ |
| 12. | Child support paid | | | \$ _____ |

Attach signed copies of your and your parent's 2008 federal tax return and W-2s.

I understand that verification of my projections may be required at the end of the current year. If I underestimate my projected income or if I overestimate my projected expenses, I may be required to repay aid. I agree to provide additional proof of the information given on this form if requested by the financial aid office. I understand that if this form is incomplete or lacks the required documentation, no action will be taken.

Signatures:

Student	Date	Parent	Date
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If additional documents or clarification is needed and you would like us to contact you via email please provide your email address and name of person to contact: _____