

2009-2010 Unusual Circumstances Form



Use the attached form to report unusual circumstances or changes in your family's and/or your financial situation, which may impact your ability to pay for your education. Circumstances are reviewed per award year. The time frame for which we will consider exceptions for the 2009-2010 award year is July 1, 2009 – June 30, 2010. We must have a complete, valid FAFSA on file before we can review unusual circumstances and re-evaluate your financial aid package.

Complete the appropriate section(s) of this form entirely and submit it to the Adult and Graduate Financial Aid Office along with any requested supporting documentation. Be certain to sign and date the last page. All blanks of the applicable unusual circumstance(s) must be completed. Failure to submit a completed form with the requested supporting documentation will result in denial of the request for exception. Feel free to attach a statement to explain your individual situation in more detail.

Note: Adjustments made by Indiana Wesleyan University's Adult and Graduate Financial Aid Office are made on a case-by-case basis, are not guaranteed, and affect student financial aid eligibility only while the student is enrolled at IWU. The exception you receive from IWU does not apply at other colleges or universities nor do their decisions apply at IWU.

Below are the areas that Indiana Wesleyan University's Adult and Graduate Financial Aid Office has determined as unusual circumstances, followed by a general description.

Death of Parent/Spouse	Divorce or Legal Separation of Parents	One Time Income	Loss of Social Security or Child Support
Loss or Change of Job	Excessive Medical Expenses	Tuition Paid	Natural Disaster

Death of Parent/Spouse

The death of one or both parents of a dependent student OR the spouse of an independent student.

Divorce or Legal Separation

The parents of a dependent student who divorce or who become legally separated. Not available to an independent student due to federal regulations prohibiting changes to a student's marital status after the FAFSA is completed.

One Time Income

Because the FAFSA takes a snapshot of a family's financial resources based on the most recent tax calendar year, a situation may arise where the snapshot contains an income item that is not a normal annual occurrence. An example may be a bonus paid by an employer. *Voluntary withdrawals from pension or retirement funds will not be considered.*

Loss of Social Security or Child Support

At the point the FAFSA was filed, the student or parent(s) may have been receiving either social security payments or child support that will not continue when the student enters college or reaches a certain age.

Loss or Change of Job

One or both parents, the student, or the student's spouse lose or change jobs after filing the FAFSA. If an adjustment is made to aid eligibility because of a job loss, documentation will be required confirming the continued lack of employment at the 15th week following the adjustment.

Excessive Medical Expenses

Consideration is given to a family's payment of excessive medical expenses not covered by their insurance. Information for determining what costs are acceptable and what costs are excluded can be found in the IRS tax form 1040, Schedule A instructions. We cannot consider COBRA, insurance premium payments, or amounts billed but not paid.

Tuition Paid

Consideration is given to tuition payments for a student's siblings attending private elementary, junior high, or high school. Consideration is also given for one or both parent's tuition payments at an accredited college or university.

Natural Disaster

The family has faced the events of a natural disaster, which changes the financial resources listed on the FAFSA. Consideration is given to the loss of resources not covered by insurance.

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First Name: _____ Last Name: _____ MI: _____

SSN: _____ - _____ - _____ Student ID: _____

Complete the appropriate section(s) of this form entirely and submit it to the Adult and Graduate Financial Aid Office along with any requested supporting documentation. Be certain to sign and date the last page. All blanks of the applicable unusual circumstance(s) must be completed. Failure to submit a completed form with the requested supporting documentation will result in denial of the request for exception.

Death of a Parent/Spouse

1. Date of death (mmddccyy): _____ Name of deceased: _____
2. Complete the chart below with the actual and/or anticipated monthly gross income of the remaining parent (for a dependent student) or yourself (for an independent student). Attach documentation showing actual and/or calculations of anticipated income. Please contact the Adult and Graduate Financial Aid Office for further instructions in the case of a dependent student who loses both parents.
3. On a separate page, provide a list of all funds received from death benefits (life insurance, social security benefits, etc.) and explain what was done with the funds received. Attach supporting documentation showing the listed benefits.

Month	July 2009	August 2009	September 2009	October 2009	November 2009	December 2009	January 2010	February 2010	March 2010	April 2010	May 2010	June 2010
Gross Income												

Divorce or Legal Separation of Parents of a Dependent Student:

1. Date of divorce or legal separation (mmddccyy): _____
2. Complete the chart below with actual and/or anticipated monthly gross income of the parent with whom the student is predominantly living or who will provide more than half of the student's support. Attach documentation showing actual and/or calculations of anticipated income.
3. Complete the chart below with monthly actual and/or anticipated funds for child support received or paid. Attach documentation supporting the figures. Indicate whether the child support was: Paid: _____ Received: _____

Month	July 2009	August 2009	September 2009	October 2009	November 2009	December 2009	January 2010	February 2010	March 2010	April 2010	May 2010	June 2010
Gross Income												
Child Support												

Mail, email, or fax completed form and supporting documentation to:

Adult and Graduate Financial Aid
Phone: 1-800-621-8667 option 4

1900 W 50th St
apsfinaid@indwes.edu

Marion IN 46953
Fax: 765-677-2030

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One-Time Income:

1. Source of one-time income: _____
2. **Gross** amount of funds received: \$ _____ Date Received (mmddccyy): _____
3. Attach documentation indicating what was done with the funds received (i.e., paid medical or educational expenses). Please note that paying on credit cards or other outstanding debt will NOT be considered for an exception.

Loss of Social Security or Child Support Benefits:

1. Date of loss of benefit (mmddccyy): _____
2. Complete the chart below indicating the benefit amount received for each month. Enter a \$0 value for each month in which no benefit was received.
3. Attach documentation supporting the date of loss of benefit.

Month	July 2009	August 2009	September 2009	October 2009	November 2009	December 2009	January 2010	February 2010	March 2010	April 2010	May 2010	June 2010
Benefit Received												

Loss or Change of Job:

1. Date of employment loss or change of job (mmddccyy): _____
2. Hire date of new employment, if applicable (mmddccyy): _____
3. Complete the chart below (Gross Income section) with actual and/or anticipated monthly gross income (wages) of ONLY the family member affected by the loss/change of job. Indicate the family member affected:
Student: _____ Student's Spouse: _____ Student's Mother (for Dependent Students): _____ Student's Father (for Dependent Students): _____
4. Complete the chart below (Gross Benefits sections) with actual and/or anticipated monthly gross funds received from employment loss or change of job. Include severance pay, unemployment, disability, etc.
5. Attach documentation showing employment loss (i.e., severance letter from HR, final paystub, etc.).
6. Attach documentation showing actual and/or calculations of anticipated income, severance pay, unemployment benefits (online printout), disability, etc.

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Gross Income												
Gross Benefits												

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Excessive Medical Expenses:

1. Complete the chart below with the **out-of-pocket** amount paid per month toward medical expenses. Scheduled monthly payments will be considered with documentation showing the monthly contract or payment arrangement made.
2. Attach documentation explaining the medical condition(s).
3. Attach receipts showing the date and amount of payments made.

Month	July 2009	August 2009	September 2009	October 2009	November 2009	December 2009	January 2010	February 2010	March 2010	April 2010	May 2010	June 2010
Amount Paid												

Tuition Paid:

1. Complete the chart below with the **out-of-pocket** amount paid per month toward tuition as based on a school contract or student's schedule of classes.
2. Attach documentation showing tuition payments, tuition contracts, or expected tuition. All supporting documentation must include the name of the student and the name of the institution to which tuition is paid.

Month	July 2009	August 2009	September 2009	October 2009	November 2009	December 2009	January 2010	February 2010	March 2010	April 2010	May 2010	June 2010
Amount Paid												

Natural Disaster:

1. Provide the event determined as a natural disaster and the date of occurrence.

Event: _____ Date (mmddccyy): _____

2. Attach documentation detailing the loss(es) incurred and the out-of-pocket expense(s) not covered by insurance.

I certify the information provided is complete and true to the best of my knowledge. Furthermore, I agree to contact the Adult and Graduate Financial Aid Office at the time there are changes to the situation(s) on which the request for exception has been founded. I understand that changes made to my student financial aid eligibility based upon the information provided affects only the student financial aid received at Indiana Wesleyan University.

 Student Date Parent/Spouse (if applicable) Date

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