



Office of Financial Aid
 700 East Broadway
 Monmouth, IL 61462
 Ph: 309-457-2129
 Fax: 309-457-2373
 finaids@monm.edu

**APPEAL FOR REVIEW OF UNUSUAL CIRCUMSTANCES
 2009-2010**

Student Name: _____ ID# _____
 SSN# _____ Phone # _____ Email# _____

Please do not submit this form unless you have already filed a 2009-2010 Free Application for Federal Student Aid (FAFSA) and have received a Financial Aid Award Letter from our office.

Your financial need is determined by the federal government when you complete and submit the Free Application for Federal Student Aid (FAFSA). Your financial aid award package is based on this information. If you feel you have an unusual circumstance that has recently occurred and therefore was not able to be reflected on the 2009-2010 FAFSA application, you may provide our office with a detailed explanation of the situation and the relevant documentation to support your claim. In turn, we will review your documentation and determine if an adjustment to your FAFSA and your financial aid award is appropriate.

PLEASE INDICATE THE UNUSUAL CIRCUMSTANCE(S) YOU WOULD LIKE US TO REVIEW:

___ 1. Since completing the 2009-10 FAFSA, a member of your family has lost employment income due to
 ___ termination ___ layoff ___ disability ___ retirement ___ company closing

Documentation Required:

- Last date of employment: ___/___/___
- Date expected to return to work: ___/___/___
- Copy of 2008 Federal Tax Return and all W-2's
- Copy of most recent 2009 pay stub(s) for all members of household
- Copy of notification letter and/or notice of benefits determination

___ 2. Since completing the 2009-10 FAFSA, a member of your family has lost supplemental income such as
 ___ Unemployment benefits ___ Child Support ___ Social Security Benefits
 ___ Other: (explain) _____

Documentation Required:

- Date benefits ceased: ___/___/___
- Date benefits would be available again: ___/___/___ (if applicable)
- Copy of 2008 Federal Tax Return and all W-2's
- Copy of document indicating the benefits have ceased

___ 3. An independent student who worked full-time (at least 30 hours per week) during 2008 is now unable to work to that extent since enrolling in college full-time for the 2009-10 academic year.
This is not applicable to dependent students who file the FAFSA with their parent(s).

Documentation Required:

- Copy of 2008 Federal Tax Return and all W-2's
- Copy of most recent 2009 pay stub(s) for student (and spouse if applicable)

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___ 4. Since completing the 2009-10 FAFSA, a member of your family has had a loss of work/income due to an injury or illness of at least 10 weeks and did not have adequate sick-time pay during that time.

Documentation Required:

Date you first missed work due to injury/illness: ___/___/___

Date you returned or expect to return to work: ___/___/___

Copy of 2008 Federal Tax Return and all W-2's

Copy of most recent 2009 pay stub(s) for all members of household

___ 5. Your family incurred excessive medical expenses in 2008 due to the illness of a family member. These expenses must be documented on Schedule A of your 2008 Federal Tax Return.

Documentation Required:

Copy of 2008 Federal Tax Return with Schedule A attached.

___ 6. Since completing the 2009-10 FAFSA, the marital status of the student or parent(s) has changed due to ___ divorce ___ death of a spouse/parent Note: Marriages are not considered.

Documentation Required:

Copy of 2008 Federal Tax Return and W-2's

Copy of most recent 2009 pay stub(s)

Copy of complete/signed/filed Divorce decree (*if applicable*)

Copy of Death Certificate (*if applicable*)

___ 7. Out-of-pocket college expenses for parent(s) who attend college and their expenses are not reimbursed by grants, scholarships or employer reimbursement benefits.

Documentation Required:

Copy of 2008 Federal Tax Return and W-2's

Copy of account statement showing charges, financial aid and payments made.

___ 8. Out-of-pocket expense (*for tuition only*) at private elementary and/or secondary school for younger children.

Documentation Required:

Copy of 2008 Federal Tax Return and W-2's

Copy of student account statement showing charges and payments made.

___ 9. Other: Please attach a detailed statement regarding your circumstances and provide supporting documentation to support your claim.

Documentation such as Federal Tax Returns, W-2's, pay stubs, letters from employers or doctors, State unemployment or Federal social security, etc., which support the basis for your appeal must be submitted. If you do not submit documentation or leave pertinent sections of this form blank, the form will be returned to you for completion. No review will take place until all documents have been provided to our office.

I CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS TRUE AND CORRECT. I HAVE PROVIDED COMPLETE INFORMATION TO THE BEST OF MY ABILITY.

Student Signature: _____ Date: _____

Student's Parent/Spouse Signature: _____ Date: _____

Return this form and all required documentation to:

**Office of Financial Aid
Monmouth College
700 East Broadway
Monmouth, IL 61462**

UNUSUAL CIRCUMSTANCE ADJUSTMENT CALCULATION SHEET – Page 3

FOR STAFF USE ONLY – NOT TO BE COMPLETED BY STUDENT

Appeal for Review was received on: ____/____/____

Required Documentation was received on: ____/____/____

File initially reviewed on: ____/____/____

File Finalized on: ____/____/____

Were professional adjustments made to the FAFSA? _____

Initials of FA counselor: _____

If yes, what was the nature of the adjustments? _____

	Student's Information		Spouse's Information (if applicable)	
	Actual 2008	Estimated 2009	Actual 2008	Estimated 2009
Income from work				
AGI				
Taxes Paid				
Unempl. benefits				
Alimony/Support				
SS benefits				
Child Support Received or Paid				
Other				
# in Household # in College				

	Mother's Information		Father's Information	
	Actual 2008	Estimated 2009	Actual 2008	Estimated 2009
Income from work				
AGI				
Taxes Paid				
Unempl. benefits				
Alimony/Support				
SS benefits				
Child Support Received or Paid				
Other				
# in Household # in College				