

**Wartburg Theological Seminary
Office for Financial Aid
Special Circumstances Request Form**

Full name: _____ **SSN:** _____ **Birthdate:** _____

The US Department of Education allows the Director for Financial Aid limited discretion in making professional judgment based on usual circumstances that may affect you as a student at Wartburg Theological Seminary. If you have experienced unusual circumstances, complete this form to the best of your ability and provide the requested documentation to the financial aid office. Your request will be reviewed and responded to as quickly as possible. The Director for Financial Aid will review your request but keep in mind that financial aid funds are limited and submitting this form will not guarantee additional funds or increased eligibility. This form will not be considered without attached documentation.

[] Income reduction for student or spouse

If your income will be less in 20__ than it was in the previous year, check the appropriate reason and explain the situation below.

- | | | | |
|--------------------------|--|--------------------------|-----------------------|
| <input type="checkbox"/> | Unemployment or change in employment | <input type="checkbox"/> | Divorce or separation |
| <input type="checkbox"/> | Disability of student or spouse | <input type="checkbox"/> | Natural Disaster |
| <input type="checkbox"/> | Loss of untaxed income or benefit | | |
| <input type="checkbox"/> | One time income - inheritance, moving expense allowance, IRA or pension distribution | | |

Explanation of your situation including dates:

Gross income earned from January 1, 20__ up to today: student \$ _____ spouse \$ _____

Anticipated taxable income from today until December 31, 20__: student \$ _____ spouse \$ _____
(wages, salaries, tips, severance pay, disability pay) Total: \$ _____ X 15% (tax)= _____

Anticipated untaxable income from today until Dec. 31, 20__: student \$ _____ spouse \$ _____
(Aid to families with dependent children, child support, social security benefits)

Documentation required: signed statements documenting estimated earnings, proof of income loss, verification of benefits received or anticipated

[] Unusual Medical & Dental Expenses for student, spouse or dependent

Amount paid for medical/dental insurance in 20__ (do not include employer's contribution): _____

20__ medical/dental expenses not covered by insurance: _____

Will your non-reimbursed medical/dental expenses be lower, the same, or higher in 20__ and why?

Documentation required: receipts of medical and dental payments, copies of medical/dental bills

[] Other unusual circumstance

If you have experienced a hardship that is not listed here, provide as much detail as possible on how the situation has affected you financially, either in terms of income loss or additional expenses. Documentation is required.

Certification:

The information listed on this form is true and correct to the best of my/our knowledge. I understand that knowingly giving false information will result in a review of my financial aid eligibility.

Student signature: _____ **Date:** _____

Spouse signature: _____ **Date:** _____

Action taken:

Comments:

Signature of FA Director:
Revised July 2009 ALC

Date: