

IUPUI and IUPUC Special Circumstance Appeal: 2009-2010 Academic Year

If your financial situation has changed substantially during the past year or since completing the federal aid application (FAFSA), you can submit a Special Circumstance Appeal form for reconsideration of your financial need for the 2009-2010 Aid Year (fall 2009 and/or spring 2010).

Who should file an appeal?

Any student or family whose financial situation has changed from 2008 to 2009 can apply to be reviewed for a change in the financial need analysis for the student. An approved appeal may either reduce the Estimated Family Contribution (EFC) or increase the overall Cost of Attendance (COA) for the student.

COST OF ATTENDANCE (COA) CHANGE

If you are attempting to increase the overall COA, the following items may be taken into consideration.

- Vehicle repair/mileage expenses
- Computer purchase
- Dependent care allowance
- Lodging/Transportation for 3rd + 4th Year Away Rotation (Med only)
- Professional licensure exams (grad students only)

NOTE: An increase in your COA does not allow for an increase in any financial aid award if you have already been awarded the maximum annual Direct Stafford loan amount. However, students may pursue private/alternative loan options up to the new COA. For example: a dependent undergraduate freshman student who has already received a Direct Stafford Loan for \$5500 during the 09-10 aid year cannot receive additional Stafford Loan funding due to a change in COA.

Sections 1 – 7: Completing section 1, 2, 3, 4, 5, 6 and/or 7 may allow an increase in your cost of attendance (COA).

If you feel this form does not fully reference your special circumstance and would still like the Office of Student Financial Aid Services to review your situation, please turn in a typed narrative explaining the situation with supporting documentation and we will review your situation. Please also fill out the appeal form with your name, student ID, e-mail address and appropriate signatures.

Checklist of Items Needed for the Appeal

- Appeal Form completed and signed
- Typed narrative that details the reasons for the special circumstance review
- Any documentation necessary to support the appeal (see form)

ESTIMATED FAMILY CONTRIBUTION (EFC)

CHANGE

If you are attempting to reduce the EFC, the following items may be taken into consideration.

- Unusual medical and/or dental expenses
- Parent's enrollment in postsecondary education program
- Unusual debts
- Decrease in income
- Nonrecurring income
- Separated, divorced, or widowed since filing FAFSA

NOTE: Students that already have a \$0 Estimated Family Contribution (EFC) should NOT submit an appeal. These students have already been given the maximum amount of financial aid.

Sections 8 – 13: Completing sections 8, 9, 10, 11, 12, and/or 13 may allow for a decrease in your estimated family contribution (EFC). This may impact the Pell grant or enable you to receive more subsidized Stafford funds, if you have not received the maximum amount. If requesting professional judgment based on sections 10, 11, 12, or 13 you must also complete and submit the Calendar Year 2009 worksheet at the end of this form.

Submission: Please submit your application, typed narrative explaining the situation, and supporting documentation to the Office of Student Financial Aid Services to determine if you are eligible for a professional judgment adjustment. You will receive an e-mail notification at your IUPUI or IUPUC account of the decision within 10 to 15 business days. Reviews for the 09-10 Academic year will not begin until August 10th, 2009.

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APPLICANT INFORMATION (PLEASE PRINT)

Student Name: _____

University ID: _____

IUPUI or IUPUC e-mail address: _____

I am attempting to _____ decrease my Estimated Family Contribution (EFC) _____ increase my Cost of Attendance (COA)

AFFIRMATION STATEMENT (SIGN & DATE)

My signature below indicates that information on this form and the supporting documentation submitted are true and accurate to the best of my knowledge. I authorize the Office of Student Financial Aid Services to verify this information. I understand that providing false information can result in the cancellation or repayment of financial aid.

*I understand that increasing my **COA does not allow for an increase in any financial aid award if I have already been awarded the maximum annual Direct Stafford loan amount.** However, I may pursue private/alternative loan options up to the new COA. I understand that **decreasing my EFC may impact the Pell grant or enable me to receive more subsidized Stafford funds if I have not received the maximum amount.** All steps taken above are dependent upon my submission of appropriate and complete documentation necessary for review of this special circumstance appeal.*

NOTE: If the special circumstance is associated with the student's spouse or parent, the student's spouse or parent's signature is required.

Signature of Student + Date: _____

Signature of Spouse + Date: _____

Signature of Parent + Date: _____

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Cost of Attendance Change

- Section 1: **Vehicle repair expenses** between August 26, 2009 and May 7, 2010.

Documentation: Itemized bill(s) and copy of payment information (e.g. receipt) including date.

Total amount for vehicle repair: \$ _____

- Section 2: **Mileage expenses** between August 26, 2009 and May 7, 2010. Note: You must live outside Marion county if you are an IUPUI student or outside Bartholomew county if you are an IUPUC student.

Documentation: None

Miles from home to campus: _____ Number of commute days per week: _____

- Section 3: **Dependent child care** between August 26, 2009 and May 7, 2010.

Documentation for child care: Invoice from provider and/or cancelled check or payment receipt with dates.

Name(s) and Age(s) of dependents: _____

Total cost of dependent care while attending class: \$ _____

- Section 4: **Purchase of a personal computer** between August 26, 2009 and May 7, 2010.

Documentation: Receipt listing computer purchase with verification of payment with dates.

Total cost for personal computer purchase: \$ _____

- Section 5: **Student housing change** from living with parent to living off/on campus in a separate household.

Documentation: Copy of lease agreement or other bill showing household charges.

New address: _____
No. and street name City State Zip

- Section 6: **Cost for professional licensure exams** (e.g. NERM, WREB, or law BAR) for graduate students in the School of Dentistry, Law, or Medicine.

Documentation: Receipt listing professional licensure examination with verification of payment with dates.

Total Cost for professional licensure exam: \$ _____

- Section 7: **Cost for lodging and transportation for graduate students in the School of Medicine during the 3rd and 4th year away rotation.**

Documentation: Receipts listing lodging and transportation costs with verification of payment with dates. For transportation, include documentation (MSN maps, Google Maps, or MapQuest) verifying round trip miles driven from your lodging location to your rotation location.

Total cost for lodging and transportation: \$ _____

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Estimated Family Contribution Change

- Section 8: **Uninsured/Unusual medical costs** for 2008 or 2009.

Documentation: Receipt(s) listing uninsured medical costs with verification of payment with dates during either 2008 or 2009. For uninsured payments in 2008, include dated & signed 2008 Federal Tax return and/or Schedule A.

Name of person and relationship to student: _____
Year (circle): 2008 2009 Total Amount: \$ _____

- Section 9: **Parent attending college** (degree-seeking status, enrolled at least ½ time during the fall 09 or spring 10).

Documentation: Evidence of enrollment (fall 09, spring 10) listing coursework and credits with detailed bill and payment statement for each enrollment period. Parent must not be receiving employer reimbursement.

Parent's Name: _____

College Name and Location: _____

- Section 10: **Decrease in Income** from 2008 to what is expected in 2009.

Decrease in income for: _____ Parent _____ Spouse _____ Student

Documentation: Attached worksheet and dated/signed 2008 Federal Income Tax return AND:
For loss of employment:

- letter from employer listing last day of employment and a copy of the last paycheck stub and payroll schedule (weekly, biweekly, or monthly) OR other evidence that individual is receiving unemployment benefits.
- If re-employed, attach a statement with the first date of employment and copy of the most recent paycheck stub and payroll schedule.

- Section 11: **Loss of untaxed income** from 2008 to what is expected in 2009.

Loss of benefits for: _____ Parent _____ Spouse _____ Student

Documentation: Attached worksheet and dated/signed 2008 Federal Income Tax return, and documentation of loss untaxed income (e.g. loss of child support, worker's compensations, etc.) in 2008 with effective date.

- Section 12: **Loss of nonrecurring income or increase of unusual debts** from 2008 to what is expected in 2009.

Situation for: _____ Parent _____ Spouse _____ Student

Documentation: Attached worksheet and dated/signed 2008 Federal Tax return & documentation of situation (e.g. One-time disbursements from IRA, unexpectedly high debt due to job loss, etc.) in 2008 with effective date.

- Section 13: **Separated, divorced, or widowed since filing 2009-2010 FAFSA.**

Documentation: Attached worksheet and dated/signed 2008 Federal Income Tax return, and documentation of separation, divorce, or death certificate.

Marital Status + Effective date of marital status: _____

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Worksheet: Calendar Year 2009

Instructions: This worksheet is required if you are requesting professional judgment based on sections 10, 11, 12, and 13. Based on your FAFSA status of dependent or independent status, enter values in the appropriate columns. Enter a zero (0) in any box with no income. **Please DO NOT leave any space blank.** DO NOT include Federal Work Study dollars.

Income for January 1, 2009 to December 31, 2009	Dependent Student		Independent Student	
	Jan. 1, 2009 – Today	Today – Dec, 31, 2009	Jan. 1, 2009 – Today	Today – Dec, 31, 2009
Student’s gross earnings. (wages, salaries, net business or farm income)				
Spouse’s gross earnings. (wages, salaries, net business or farm income)				
Father’s gross earnings. (wages, salaries, net business or farm income)				
Mother’s gross earnings. (wages, salaries, net business or farm income)				
Other taxable income (which may include, but is not limited to dividends, interest, pensions, alimony, unemployment comp., capital gains, payments to tax-deferred pension and savings plans, IRA deductions, Keogh, child support received, etc.)				
Any other untaxed income and benefits: (Which may include, but is not limited to TANF, Military or Clergy living allowances, veteran’s non-education benefits, etc) Don’t include student aid, Workforce Investment Act educational benefits, or benefits from flexible spending arrangements, e.g. cafeteria plans.				
TOTAL				