

2010-2011 Request for Consideration of Special Circumstances

Student's Name _____ ID _____ Phone Number _____

The following conditions are circumstances that are not addressed when filing the Free Application for Federal Student Aid (FAFSA). If any of the conditions apply to you, check the box that applies to your circumstance and provide all requested information.

PLU will attempt to take your circumstances into consideration for additional assistance. Please be aware that our ability to do so is limited by the availability of funds and the extent to which your circumstances impact the Expected Family Contribution (EFC) within the federal need analysis formula.

Loss of income in 2010

My/Our family's income has declined in 2010 due to: ___ unemployment, ___ retirement, ___ death of wage earner, ___ disability, ___ change of employer, ___ reduction from full time to part time employment, ___ divorce, or ___ one time only income received in 2009. **(Please check the situation that applies).**

**ESTIMATED INCOME FOR CALENDAR YEAR
1/1/2010 THROUGH 12/31/2010**

Father (Step-Father) Gross Wages	\$ _____
Mother (Step-Mother) Gross Wages	\$ _____
Parent's Other Taxable Income <i>(such as alimony received, unemployment, capital gains, interest/dividends, etc)</i>	\$ _____
Parent's Other Non-Taxable Income * <i>(such as child support, military benefits, payments to tax-deferred pensions and savings plans, etc)</i>	\$ _____
Student's Gross Wages	\$ _____
Spouse's Gross Wages	\$ _____
Student and Spouse's Other Taxable Income <i>(such as alimony received, unemployment, capital gains, interest/dividends, etc)</i>	\$ _____
Student and Spouse's Other Non-Taxable Income * <i>(such as child support, military benefits, payments to tax-deferred pensions and savings plans, etc)</i>	\$ _____

***Non-Taxable Income does not include Earned Income Credit, Additional Child Tax Credit, Welfare Payments or Untaxed Social Security Benefits. If Non-Taxable Income is listed, please note how much is coming from what source.**

Extraordinary expenses—Only one calendar year (2009 OR 2010) can be considered.

1. Extraordinary medical/dental expenses **NOT** covered by insurance. **(Please attach documentation of these expenses.)**
Parent's medical/dental expenses \$ _____ 2009 **OR** 2010 (Circle Year that applies)
Student/Spouse medical/dental expenses \$ _____ 2009 **OR** 2010 (Circle Year that applies)
2. I/We are supporting another family member (grandparent or grandchild, foreign exchange student, adult child. Please circle situation that applies) **NOT** reported in my/our household size on the FAFSA. The amount we paid for this person was: \$ _____ per month in 2009 **OR** 2010 (Circle Year that applies).
3. I/We had home repairs due to natural disaster. **(Please attach documentation of these expenses.)** The following amount is what was paid out of pocket: \$ _____ in 2009 **OR** 2010 (Circle Year that applies).
4. I/We had/have the following unusual circumstances/expenses which limits our ability to assist our student with his/her educational expenses: _____

Tuition for private elementary and/or secondary education (Please attach a copy of the 2010-2011 tuition invoice for each child.) We will have tuition payments for the student's siblings during the 2010-11 academic year for private elementary or secondary schooling. The cost of this out-of-pocket expense for 2010-2011 (after any scholarships or discounts are applied) will be: _____

I/We affirm that the information provided on this form is true and the figures provided are accurate to the best of my/our ability. Parent Signature required if adjustment request is for parent income or expenses.

Student _____ Date _____

Parent _____ Date _____

EMAIL ADDRESS: _____

EMAIL ADDRESS: _____

MAIL THIS COMPLETED FORM TO: FINANCIAL AID OFFICE, PLU, TACOMA, WA 98447

Please feel free to use the reverse side of this page to add any additional information to explain or support your request.