

**CLARKSON UNIVERSITY  
Student Administrative Services**

**Special Circumstance Appeal for 2008-2009**

Student Last Name:	Student First Name:	MI:	Student Number:
Current Permanent Address:			SS#:
<p>The primary responsibility for financing a student's education rests with the student and their family. Unless a student is classified as Independent for financial aid purposes by federal definition, parental income and asset information must be included in determining eligibility. Student and parent(s) contributions (together making up the Expected Family Contribution or EFC) are calculated using a Congressionally mandated needs-analysis formula. Clarkson University recognizes this formula may not accurately reflect special circumstances for individual students and/or families.</p> <p>If your situation has changed drastically from the information you provided on the Free Application for Federal Student Aid (FAFSA), and the situation falls into one of the categories listed in this form, you may submit a complete special circumstance appeal with the required documentation.</p> <p>In many cases an adjustment does not increase the student's eligibility for gift aid (grants and scholarships that do not have to be repaid). In fact, the adjustment may only increase the student or parent's eligibility for loans; change non-need based loans to need based loans, or may not result in any increased funding.</p> <p align="center"><b>An incomplete application will be returned.</b></p> <p><b>Please do not submit this form unless the form is complete and all requested documentation, signatures, and requirements have been met.</b> <b>A Clarkson University 2008-09 Financial Aid Verification Form must also be submitted for all appeals.</b></p>			

**I. Reduction of Income Due to Loss of Child Support, Social Security Benefits and/or Alimony**

Name of Recipient(s)	Type of Income Reduction	Amount Received in 2007	Anticipated 2008 Amount
(1)		\$	\$
(2)		\$	\$
<b>Total</b>	<b>XXXXXXXXXXXXXXXXXXXX</b>	<b>\$</b>	<b>\$</b>

**THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED**

**For Reduction/Loss of Untaxed Income**

- A copy of a letter from the agency that provided benefits, detailing the termination or reduction of benefits, and copies of summaries of benefits.

**For Reduction/Loss of Child Support and/or Alimony**

- Court Records
- Divorce/separation agreements and updates

**II. Unusual Medical and Dental Expenses Paid in 2007 and NOT Subject to Reimbursement by Insurance**

<b>2007 AGI: \$</b>	<b>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</b>
Total 2007 Health Insurance Premiums Paid (not provided by employer)	\$
Total 2007 Medical Expenses Paid (Not covered by Insurance)	\$
Total 2007 Pharmaceutical Paid (Not Covered by Insurance)	\$
Total 2007 Dental Paid (Not covered by Insurance)	\$
<b>Total 2007 Out-of-Pocket Expenses Paid (proceed with this appeal request if this total exceeds 5% of 2007 AGI above)</b>	<b>\$</b>

**THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED**

- Completed and signed copy of 2007 Federal Income Tax return, with schedules, for person(s) being evaluated
- A copy of Schedule A of the Federal 1040 Form
- Itemized statement of all bills included in calculation from tax return or photocopy of records from doctors, dentists, hospitals, insurance carrier, pharmacy, etc.
- Documentation that these costs have not been and will not be covered by insurance
- All paid receipts of costs not covered by insurance

**III. Reduction of Income Earned of 2007 Earnings of Student, Spouse, or Parent of Dependent Student**

Name of Person(s) Involved	Relationship to Student	Reason for Income Reduction	Date of Income Change	Total Income 2007*	Total Anticipated Income 2008*
(1)				\$	\$
(2)				\$	\$
(3)				\$	\$

\* Totals from Worksheet Below:

**Income Calculation Worksheets**

2007 Total Income (Taxed and Untaxed)	Person (1)	Person (2)	Person (3)
Wages, salaries, tips (include unemployment compensation, severance, disability, all income earned from work)	\$	\$	\$
Other Taxable Income (specify)	\$	\$	\$
Retirement	\$	\$	\$
Untaxed Social Security Benefits	\$	\$	\$
Aid to Families w/ Dependent Children (AFDC/ADC)	\$	\$	\$
Child Support for all children	\$	\$	\$
Other Untaxed Income**	\$	\$	\$
<b>Total 2007 Income</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>



2008 Anticipated Income (Taxed and Untaxed)	Person (1)	Person (2)	Person (3)
Wages, salaries, tips (include unemployment compensation, severance, disability, all income earned from work)	\$	\$	\$
Other Taxable Income (specify)	\$	\$	\$
Retirement	\$	\$	\$
Untaxed Social Security Benefits	\$	\$	\$
Aid to Families w/ Dependent Children (AFDC/ADC)	\$	\$	\$
Child Support for all children	\$	\$	\$
Other Untaxed Income**	\$	\$	\$
<b>Total 2008 Anticipated Income</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

\*\*Other untaxed income includes: payments to tax deferred pension and savings plan (i.e. 401K, 403B, etc.), worker's compensation, veteran's non-educational benefits, housing, food and other living allowances paid to members of clergy, military (BAQ cash payments and cash value of benefits), money given or bills paid on your behalf not reported above.

**THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED**

- Completed and signed copy of 2007 Federal Income Tax Return, with schedules, for person(s) being evaluated
- 2007 W-2's and 1099's
- Letters from prior employers, stating termination dates and year-to-date earnings on letterhead and signed
- Documentation of 2008 income; pay stubs, statement from employer reflecting projected 2008 income, signed statement from involved person(s) certifying other anticipated 2008 income otherwise not documented and the intent to not earn in excess of that amount.

**IV. Loss or Reduction of Household Income Due to Death, Permanent Disability, and/or Separation/Divorce**

Name of Person Involved	Relationship to Student	Reason	Date of Event
(1)			
(2)			

**Complete for the above individual(s):**

Type of Income	2007 Income (Husband and Wife Together)	2008 Income Surviving of custodial spouse only
Wages, salary tips (include severance pay, disability payments, etc.)	\$	\$
Untaxed Social Security Benefits	\$	\$
Aid to Families w/ Dependent Children (AFDC/ADC)	\$	\$
Child Support	\$	\$
Other Income (Specify)	\$	\$
<b>Total Income for Year</b>	<b>\$</b>	<b>\$</b>

**THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED**

**For All of the above situations**

- Completed and signed copy of 2007 Federal Income Tax Return, with schedules, for person(s) being evaluated
- Documentation of year-to-date earnings for 2008

**For death of parent or spouse**

- Photo copy of death certificate, newspaper obituary or a notarized statement from an unrelated third party.
- Expected life insurance or death benefits to be paid in 2008

**For permanent disability of parent or spouse**

- Documentation from physician of disability and permanent inability to work

**For separation or divorce of student or of parent of dependant student**

- Copy of separation/divorce agreement (original and all updates)

**V. Reduction of Income Due to One Time Income (i.e. moving allowance, IRA/pension distribution, sale of primary resident, etc.)**

	2007	2008
Adjusted Gross Income (AGI)	\$	\$
Wages, salaries, tips	\$	\$
One Time Income (specify)	\$	XXXXXXXXXXXXXXXXXXXXXXXXXXXX

**THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED**

- Completed and signed copy of 2007 Federal Tax Return, with all schedules, for person(s) being evaluated
- Documentation of type, date, and verification of one time nature of income involved
- Letter/statement of explanation documenting the allocation of these funds, include all paid receipts.

**VI. Expenses Required for a Special Needs Child or Dependent Adult (i.e. private school, special services, equipment, etc.) NOT covered by other sources.**

Name of Family Member	Age	Relationship to Student	2008 Anticipated Expenses
(1)			
(2)			

**THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED**

- For private school - statement from professional that this is a required or recommended expense
  - Copy of Tuition Bill
- Signed statement including:
  - Explanation of nature of need and types of services, etc.
  - List of expenses included in total above

**VIII. Private School Expenses for Dependent Child NOT covered by other sources.**

Name of Family Member	Age	Relationship to Student	2008 Anticipated Expenses
(1)			
(2)			

**THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED**

- For private school
  - Copy of Tuition Bill

**VII. Family Hardship Due to Natural Disaster (including fire, hurricane, tornado, flood, etc.)  
Also complete Section V: Reduction of Income, if applicable.**

**THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED**

- Signed statement explaining type and date(s) of disaster, financial impact on your family (including a total dollar loss) and certifying that the amount of loss indicated has not been and will not be covered by insurance, FEMA, or any other source
- Completed and signed copy of 2007 Federal Tax Return with schedules, for person(s) involved.

**CERTIFICATION**

I certify that I have read all enclosed information and understand the following:

- 1) All documentation has been provided. The Special Circumstances Appeal will not be reviewed, but returned if incomplete.
- 2) I will contact my Student Service Representative if I have any questions or concerns regarding this appeal.
- 3) I will receive written acknowledgement of decision, allowing 2-4 weeks for processing.

**I certify that the above information is true and accurate to the best of my knowledge. I am aware that the information above constitutes an application for possible additional funds from the Federal government and/or from Clarkson University and that material omissions or false and misleading information may result in penalties under federal law. If changes occur, I will notify Student Administrative Services in writing.**

Student's Signature:	Date:
Spouse's Signature (if applicable):	Date:
Father's Signature (if applicable):	Date:
Mother's Signature (if applicable):	Date:

You may provide any additional documentation you wish to support your statements and return all materials with this form to:

Clarkson University  
 Student Administrative Services  
 Box 5615  
 Potsdam, NY 13699-5615  
 Voice: 315-268-7644 / Fax: 315-268-3899

OFFICE USE ONLY: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Comments:	
FAO Signature:	Date:
Adjustment (if applicable) made by:	Date of Adjustment:
ISIR Transaction #:	Marked PJ: