



2012-13 REQUEST FOR REVIEW OF SPECIAL CIRCUMSTANCES

Student's name

Whitworth I.D. number or SSN

Check the box below (or on other side of this form) that reflects your situation, and return this completed form along with:

- a brief explanation regarding your situation on Page 2 of this form.
• any additional documentation listed below.

Loss of income (must be 20% or greater than what was reported on the 2012-13 FAFSA)

Please submit this additional information:

- a. Completed Dependent Verification Worksheet OR Independent Verification Worksheet (found under the Forms section of the Whitworth Financial Aid website). If you have already completed the verification process, please indicate that by checking this box.
b. Tax transcript of the student/spouse/parent's 2011 tax return (if not yet submitted or if IRS data was NOT loaded into the FAFSA from the IRS Data Retrieval Tool when the FAFSA was completed or corrected). To request a tax transcript visit the IRS website at www.IRS.gov or contact them at 800.908.9946.

My family's income will decline in 2012-13 due to (check appropriate box(es) and complete required table below for estimated income):

- unemployment retirement change of employer reduction in hours loss of child support

Additional documentation required: Copy of employment termination or notification of reduction in hours from employer, along with most recent Statement of Unemployment Benefits (if applicable)

One-time income received in 2011

Additional Documentation Required: Copy of proof of the one-time income (ex. 2011 W-2s, tax schedules, 1099s, etc.)

Death of a wage earner

Additional documentation required: Copy of the death certificate, documentation of any insurance payment expected to be received, all W-2 wage statements

Divorce/separation

Additional documentation required: Copy of legal separation or divorce papers, W-2 wage statements, clear documentation concerning expected child and/or spousal support payment or receipt

FOR THOSE WITH LOSS OF INCOME

PLEASE COMPLETE THE SECTIONS THAT ARE APPLICABLE TO YOUR REQUEST

Table with 2 columns: Description and Calendar Year (Jan. 1, 2012-Dec. 31, 2012). Rows include Parent's Estimated Income Information (Father's, Mother's, other taxable, other non-taxable) and Student's Estimated Income Information (Student's, Spouse's, other taxable, other non-taxable).

Continued on next page...▶

Private-school tuition K-12

Additional documentation required: Copy of the private school tuition contract(s) for the 2012-13 school year.

A parent attending college (when attendance is necessary for employment or retraining)

Additional Documentation Required: Written statement explaining why the parent is attending college and proof of the out-of-pocket college expenses.

Extraordinary expenses (please provide documentation of expenses)

Extraordinary medical/dental expenses not covered by insurance, exceeding 7.5% of family's or student's adjusted gross income.

I/We are supporting another family member who was not considered on our FAFSA submission.

Relationship to student: _____ The amount we pay for this person is \$ _____ /month.

Explanation regarding your situation:

The following unusual circumstances limit my/our ability to assist with educational expenses:

CERTIFICATION: I/We certify that the information provided on this form is true and that figures provided are accurate to the best of my/our ability. I/We understand that these changes are to be reviewed for the 2012-13 academic year only. A parent signature from the parent whose information was reported on the FAFSA is required if the adjustment request is for parent income or expenses.

Student's signature

Date

Parent's or spouse's signature

Date

Daytime phone number E-mail address

Daytime phone number E-mail address

*****Incomplete appeals will not be processed. If you have any questions, please contact the financial aid office.*****

Please allow 15 business days to process *completed* requests.

WHITWORTH USE ONLY Processing Advisor: _____ Date: _____ PJ done last year? _____

Verification Done? _____ Correction Rcvd: _____ Original EFC: _____ PJ EFC : _____

Needs Analysis Added: _____ Orig %: _____ PJ %: _____

FINANCIAL AID OFFICE

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