LINCOLN UNIVERSITY

Request for Special Consideration 2012-2013

Lincoln University
of Missouri
Department of Student
Financial Aid
820 Chestnut Street,
103 Young Hall
Jefferson City, MO 65101
Phone: (573) 681-6156

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Additional Information

If you have any questions regarding certain circumstances in your life and whether they are a type of special consideration, please contact the Department of Student Financial Aid for more information.

1. What is a request for Special Consideration?

A request for special consideration is a process that allows a student to report unusual circumstances that may impact his or her ability to afford an education at Lincoln University. You may use this supplemental application to request a review of extenuating circumstances not represented on the original financial aid application, Free Application for Federal Student Aid (FAFSA). Use this form only if you meet one of the criteria listed below. PLEASE NOTE: If you are selected for verification, this application cannot be reviewed until we receive all documents requested and the file has cleared verification.

2. What types of circumstances may be considered?

The unusual circumstances reported can be conditions that have reduced a student's income from the 2011 income or extraordinary expenses that provide a student with less disposable income.

* Involuntary loss of employment
* Reduction or loss of untaxed income or benefits
* Divorce/Separation of student/parent(s)
* Death or disability of spouse/parent(s)
* Extraordinary, unusual circumstances you can clearly document and explain

3. Documentation needed for the application process.

1. Submit a signed copy of your 2011 federal tax return and W-2(s). Dependent students must also submit a signed copy of their parents' 2011 federal tax return and W-2(s).
2. Attach a personal letter of explanation and all documents necessary to explain/verify your specific situation. Note: all statements provided are to be typed, word processed or neatly written on an 8-1/2 x 12 paper, and must be signed and dated. Information provided on spiral bound paper is unacceptable.
3. Read each of the conditions in Part 5 Conditions of Circumstances and mark an (X) on the one most appropriate to your situation. Be sure to include any items noted for the condition you marked.

4. Checklist

Verify that you have completed the items below. This will help decrease the number of times the Financial Aid Office contacts you before being able to complete the request for special consideration.

Special Consideration

____ A detailed explanation is attached
____ The form is completed and signed

Taxes and W-2s

____ Taxes are signed.
____ Tax schedules are attached
____ W-2s add up to wages on taxes

Additional Documentation

____ I have reviewed all pages of request for special consideration & all necessary documentation is attached

NOTE: It is your responsibility to provide all requested documentation. Failure to do so will result in your application not being considered.

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PLEASE RETURN THIS FORM AND ALL REQUESTED DOCUMENTATION TO:

Lincoln University
Department of Student Financial Aid
820 Chestnut Street, 103 Young Hall
Jefferson City, MO 65101

2012-2013 Request for Special Consideration

Please detach and return with required documents.

5. Student Information

Name: _____ SSN: _____-_____-_____
Last First MI

Address: _____
Street City State Zip

Phone: (_____) _____-_____ (_____) _____-_____ ID#: _____

6. Condition of Circumstance (Mark only one and provide requested information)

NOTE: It is your responsibility to provide all requested documentation. Failure to do so will result in your application not being considered.

____A. **Loss of employment, for at least ten weeks, of student/spouse/parent(s).**
Please submit a copy of a final pay stub and letter from your most recent employer, on company letterhead, detailing your termination or layoff. A statement from the Unemployment Compensation office showing amount of unemployment benefits received in 2012 must be provided.

____B. **Reduction or loss of untaxed income or benefits (e.g. social security, TANF, etc.) for student/spouse/parent(s).**
A statement from the appropriate agency reducing/canceling the total amount of benefits to be received in 2012 must be attached.

____C. **Divorce/Separation of student/parent(s).**
Provide a copy of the divorce decree or letter from your attorney verifying the separation of at least ten weeks. Include either student/spouse or both parents 2011 Federal tax return with the 2011 Missouri tax return or W-2 form(s).

____D. **Death or disability of spouse/parent(s).**
Provide a physician's statement for disability explaining nature and duration of disability or death certificate/obituary of decreased spouse/parent.

____E. **Other: Extraordinary, unusual circumstances you can clearly document and explain.**

7. Projected Income For 2012

Report all income actually received from January 1, 2012 through today of the current year. Then estimate all income you expect to receive through December 31, 2012. You must attach documentation of all income earned. (Examples of income earned documentation include: recent pay stubs with year-to-date earnings, W-2 forms, a letter from an employer stating your total earnings, unemployment benefits statements, etc.)

This information is for: Student/Spouse_____ Mother/Father_____

Income for 1/1/12 to 12/31/12	Actual 1/1/12 to Today	Estimated Today to 12/31/12	TOTAL=Actual + Estimated
Income earned from work by student (father)			
Income earned from work by spouse (mother)			
Other taxable income (dividends, interest, pensions, alimony, annuities, unemployment compensation, capital gains, etc.)			
Social Security Benefits			
TANF			
Child Support received			
Other untaxed income (earned income credit, welfare benefits, workers comp, payment to IRA/Keogh, etc.)			
TOTAL INCOME			

8. Certification

I/we declare under penalty of perjury that the information provided for this request is true and correct. If approved, I /we understand and agree the Department of Student Financial Aid will make any necessary changes to my financial aid file on my and/or my parent's behalf.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

*******OFFICE USE ONLY******* Counselor Comments: _____

_____

Sections completed and documentation complete:

Y N

_____ _____ I. Comments: _____

_____ _____ II. Comments: _____

_____ _____ III. Comments: _____

_____APPROVED _____DENIED