

**WASHINGTON AND LEE**  
**UNIVERSITY**

**Financial Aid Office**  
**204 West Washington Street**  
**Lexington, VA 24450**  
**(540) 458-8720 (p)**

**2014-15 Notification of Special Circumstances/Hardship**

Financial aid is based on prior year income and current asset information. If your financial circumstances have changed or if you feel you have a unique circumstance that is not accounted for elsewhere in your financial aid application materials, we ask that you complete this form. We encourage you to notify us of your special circumstances when you submit your financial aid application. This allows our office to review your circumstances before mailing your financial aid award letter.

---

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Student E-mail: \_\_\_\_\_ Student Phone #: \_\_\_\_\_

Parent E-mail: \_\_\_\_\_ Parent Phone #: \_\_\_\_\_

Explanation of Special Circumstance: (Attach additional pages, if necessary)

- Job Loss     One-time Gain     Medical Expenses     Family Member Support     Other

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

I/We certify the information submitted in this appeal is true and accurate. I/We will notify the Financial Aid Office immediately if our circumstances change.

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Class Year: \_\_\_\_\_ Date: \_\_\_\_\_

Common special circumstances and the required documentation are outlined below.

If you have not done so already, you will also need to submit a need-based financial aid application. Instructions can be found on our website at [www.wlu.edu/x50926.xml](http://www.wlu.edu/x50926.xml)

REASON FOR APPEAL:	DOCUMENTATION REQUIRED:
Loss of Job/Reduction in Wages – Loss of overtime hours or bonuses will not be considered.	<ul style="list-style-type: none"> <li>• Parent Expense Declaration</li> <li>• Copy of termination letter/reduction in wages or hours documentation</li> <li>• Last paystub for both parents showing year-to-date earnings</li> <li>• Documentation of severance package or any paid-out vacation and sick days</li> <li>• Copy of unemployment benefits</li> </ul>
One-time Gain – occurred only in 2013	<ul style="list-style-type: none"> <li>• Documentation of one-time gain</li> <li>• Letter of explanation including declaration gain is not expected in 2014</li> <li>• 2013 federal tax return</li> </ul>
Out-of-Pocket Medical Expenses - For expenses (1) not reflected on your 2013 tax return or (2) you have incurred in 2014	<ul style="list-style-type: none"> <li>• Copies of bills designating the amount not covered by your medical insurance</li> </ul>
Support for Family Members Not Living with You or Claimed on Your Tax Return	<ul style="list-style-type: none"> <li>• Documentation of support provided.</li> <li>• Letter of explanation</li> </ul>
Other Circumstances	<ul style="list-style-type: none"> <li>• Documentation verifying circumstance and the impact it has on your family financially</li> </ul>