

WASHINGTON AND LEE UNIVERSITY

FINANCIAL AID

2017-18 Notification of Special Circumstances

Submit this document if there are special circumstances that should be taken into consideration during the initial evaluation for aid, or if after you receive your financial aid award you believe there were circumstances or financial details that were not addressed. This form is used as a supplement to the university need-based grant application and families should provide new financial details not originally included in the application documents. Any request for need-based re-evaluation must begin with the submission of this special circumstance form and the required documentation.

From the chart below select and check the box for the category most relevant to your situation. You can select multiple categories. Complete the sections for each category you have selected and submit this form and the required documentation to the Office of Financial Aid either by standard mail or by using the Office of Financial Aid secure upload process. Contact Martha Rowsey (540) 458-8717 to initiate a secure upload.

	Category	Documents Required for Appeal	Sections to be Completed
<input type="checkbox"/>	1. Change in Employment/Income (Loss of job, reduction in wages, mandatory retirement, etc.)	<ul style="list-style-type: none"> • Documentation of unemployment benefits • Copy of separation notice and final paystub • Documentation of severance package or any paid-out vacation and sick days 	Sections 1, 2 & 6
<input type="checkbox"/>	2. One-time income gain (2015) (IRA withdrawal, one-time capital gain, inheritance, life insurance, etc.)	<ul style="list-style-type: none"> • Documentation of one-time gain 	Sections 1, 4 & 6
<input type="checkbox"/>	3. Uncommon Expenses (Medical, excessive or untypical debt, home damage, two households, etc.)	<ul style="list-style-type: none"> • Copies of bills designating the amount <u>not</u> covered by your medical insurance • Copies of invoices related to debt • Copies of bills related to damages not covered by your insurance. 	Sections 1, 3 & 6
<input type="checkbox"/>	4. Family Member Support (support for family member(s) not living in household)	<ul style="list-style-type: none"> • Documentation of support provided • Letter of explanation 	Sections 1, 3, 5 & 6
<input type="checkbox"/>	5. Other Circumstances	<ul style="list-style-type: none"> • A personal statement and supporting documentation 	Sections 1, 2, 3 & 6

Section 1: Student/ Parent Information:

Student Name: _____ ID Number: _____ Class Year: _____

Parent Name: _____ Parent Email: _____

Parent Phone Number: _____ Date: _____

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

Parent Signature: _____ Student Signature: _____

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Section 2: Family Income:

Your university need-based grant eligibility for the 2017/18 academic year is based on your 2015 income. Complete this section if your resources for the 2017-2018 academic year will be significantly different.

- Option 1: Significant difference in your 2016 income from 2015. Enter your actual 2015 income as indicated. Enter your 2016 income in the Projected Income column. Submit your complete 2016 federal tax returns with this form.
- Option 2: Significant change in future earnings. Enter your actual 2015 income as indicated. Estimate your projected income for calendar year 2017 and enter the income in the Projected Income column. Documentation to support your income projections, including your 2016 tax returns, must be provided.

Income	Actual Income (Year 2015)	Projected Income (see instructions)
Income from Wages, Salaries, Compensation from Jobs		
Father's gross wages/salary/tips (Attach W-2 form or pay stub)	\$	\$
Mother's gross wages/salary/tips (Attach W-2 form or pay stub)	\$	\$
Student's gross wages/salary/tips (Attach W-2 form or pay stub)	\$	\$
Net income from business or farm	\$	\$
Net rental/partnership/royalties/trust income	\$	\$
Interest/dividends	\$	\$
Capital gain/loss	\$	\$
Severance pay/vacation pay/sick pay	\$	\$
Unemployment Compensation	\$	\$
Workers' compensation/disability benefits	\$	\$
Pensions/annuities	\$	\$
Alimony/spousal support	\$	\$
Social Security	\$	\$
Other taxable Income Please provide details:	\$	\$
Untaxed Income		
Child support received for all children	\$	\$
Veteran's Benefits	\$	\$
House Allowance (military, clergy, etc.)	\$	\$
Other untaxed income (i.e. foreign income exclusion, worker's compensation, untaxed pensions, SS Benefits, etc.)	\$	\$
TOTALS: (taxed and untaxed)	\$ _____	\$ _____

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Section 3: Family Expenses:

Next to each item, fill in the dollar amount of your family's average monthly living expenses. If your family shares living expenses with others, indicate only that portion of expenses which your family pays. If an expense occurs other than monthly, please convert into a monthly average. Report only your family's living expenses. DO NOT REPORT ANY BUSINESS OR RENTAL PROPERTY EXPENSES.

Primary Reason for Completing this Section:

<input type="checkbox"/> Change in Income	<input type="checkbox"/> Medical Expenses
<input type="checkbox"/> Multiple Households	<input type="checkbox"/> Care of Elderly Parent
<input type="checkbox"/> Debt	<input type="checkbox"/> Property Damage

Does the family pay Rent or Mortgage? Are payments current? Yes No

Do you share any living expenses with individuals outside the immediate family? Yes No

If YES, what is the monthly contribution of the other individual(s)? \$ _____

If, YES, please indicate name and relationship: _____

Monthly Family Expenses	Average Amount Per Month in 2015	Average Amount Per Month in 2016
Home Mortgage/Rent (Do not include insurance, property tax or mortgage on rental properties)	\$	\$
Property Tax	\$	\$
Home Maintenance (gardener, house cleaner, pool, etc.)	\$	\$
Food and Household Supplies	\$	\$
Utilities (gas, electric, water, etc.)	\$	\$
Phone, Cable, Internet	\$	\$
Clothing	\$	\$
Child Care	\$	\$
Private, elementary/secondary school tuition	\$	\$
Insurance (home, car, health, life, etc.)	\$	\$
Medical expenses NOT covered by insurance	\$	\$
Transportation Expense (gas, maintenance, etc.)	\$	\$
Car Payments: 1) Make/Year: _____ 2) Make/Year: _____	\$ _____ \$ _____	\$ _____ \$ _____
Credit Card Payments	\$	\$
Personal Debt Payments Explain:	\$	\$
Other:	\$	\$
Total Monthly Expenses:	\$ _____	\$ _____

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Section 6: Additional Information and Explanation

Use the following space to present any explanations, details, or any other factors that are relevant to your submission of this form and which should be considered as a part of your review. If you need additional space, attach a separate page.

A large rectangular box containing 25 horizontal lines for writing.