



## 2023-24 Loras College Special Circumstance Application

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

This form is for students (and families) who are currently enrolled at Loras College. If you are a high school student (or family) who would like to submit a special circumstance application, please log into your son/daughter's admissions account, and submit this form there. Once submitted, please allow for up to two weeks for the financial aid office to review, collect additional documents, and provide additional information.

Please tell us the contact information for the primary person we should work with if we have questions.

Name:

Phone Number:

Email:

Preferred Method of Communication:

This application is designed to help you present unusual financial circumstances you and your family have experienced in recent years (calendar years 2021 - 2023). The Loras College Office of Financial Planning will review your application, collect additional details or documentation as needed, then use that information to seek additional financial aid options to help you. We cannot always find additional funding for everyone, but this form will enable us to do what we can. If you have an unusual financial circumstance that is not listed here, please provide a write up of the situation, as many details as you can, and as much documentation as you can about the income change or additional expense. Only fill out information for the unusual circumstances that apply to you

My family has unusual medical expenses that I'd like considered in my financial aid (check one):

Yes

No

If you checked yes above – please help us understand the following (if a student's parents are divorced, please include this information from the parent who included their financial information on the FAFSA):

- What is the unusual experience that took place (please provide a written summary)
  
- What year did the unusual experience take place (calendar years we can consider with this application are 2021, 2022, or 2023)?
  
- How much per year do you pay to have medical insurance? (Do not include employer contributions or elective amounts you set aside in a health savings account or flex spending plans.)
  
- How much in addition to medical insurance premiums (above) did you pay for medical expenses in the year where the unusual circumstance took place?

Please provide any documents that may help our office understand your financial circumstances, for example: itemized deductions on your tax returns, medical insurance payments paid on your pay stub, or an itemized list from your insurance provider of the various charges you paid for out-of-pocket expenses.

My family has unusual secondary or elementary school costs that I'd like considered in my financial aid: Please note: Another dependent student in college cannot be considered "unusual" since that is already collected on the FAFSA and will already be included in your financial aid for the coming year as long as you indicated the correct "number in college" on FAFSA.

Yes

No

Please list the family members in your household and the amount paid to support the family member below:

Family Member Name	Age	Relationship	Type of Expense	Amount of Expense

Please provide documents to help our office which may be tuition statements from elementary or secondary school or receipts for payments.

My family has experienced a reduction in income since 2021.

Yes

No

Please explain your income reduction including the year of the change in your situation which is not reflected in your 2020 taxes. The years that are available to use for reduction in income are 2022 or 2023.

If you have a tax return to prove your reduction in income, please reference the tax return and tell us your adjusted gross income (AGI) on the most recent tax return:

If you do not have a tax return to verify your reduction in income, please write out the math behind your anticipated income after 2023:

If your special circumstance is related to a divorce, please provide information for the custodial parent. If the loss of income is due to a death of your parent, please give information for the surviving parent.

*Certification:*

The information listed on this form is true and correct to the best of my/our knowledge. I understand the knowingly giving false information will result in a review of and possibly a reduction of my financial aid eligibility. Please have everyone sign this form so that our office can process.

Signature of student \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent \_\_\_\_\_ Date \_\_\_\_\_