## HLGU

## Hannibal-LaGrange University

Financial Aid Office 2800 Palmyra Road Hannibal, MO 63401 Phone: (573) 629-3279 Fax: (573) 248-0954

Email: financialaid@hlg.edu

2021-2022 Special Circumstances For	rm
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Student Name (Last, First)	
Student ID Number	
Address	
Email Address	
Phone	

The Financial Aid Office understands that the family's ability to contribute toward 2021-2022 academic expenses may change since the time of filing the Free Application for Federal Student Aid (FAFSA). This form will allow you to explain any circumstances that you feel may affect your ability to cover your educational costs.

Attach supporting documentation with dollar amounts and clear explanations. We cannot process this appeal without specific details regarding your special circumstances or without appropriate supporting documentation. Families with an Expected Family Contribution (EFC) of \$0 will not be reviewed for Special Circumstances. Appeals are reviewed by a committee process and are handled on a case-by-case basis, with the judgment of the administrator serving as the final decision. Requests may be denied for other reasons such as excessive requests, progress toward degree completion, or excessive student loan debt.

Please s	pecify	y the	famil	y memb	er and	thei	r rela	ıtionsl	nip t	o you,	the	student,	that	t experienced	l the	e unusual	circumstance:
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Name:				
Relatio	nship:			

Check the appropriate box or all boxes that pertains to the circumstance(s) which best describes your situation.

Special Circumstance	Documents Needed and Checklist
Loss of Employment (Employed in 2019 and have been unemployed in 2020.)  Check this box if this best describes to your circumstance	<ul> <li>Personal statement explaining circumstance</li> <li>Signed 2019 Federal Tax Return (include if applicable, Schedule C, F, &amp; 1099s</li> <li>2019 W2(s)</li> <li>Letter(s) of Separation from Employer(s)</li> <li>Severance package if applicable.</li> <li>2020 Unemployment Benefits Statement</li> <li>Most recent pay stub(s)</li> </ul>
Reduction of Income (Income is less than reported on 2019 Tax Return.)  Check this box if this best describes to your circumstance	<ul> <li>Personal statement explaining circumstance</li> <li>Signed 2019 Federal Tax Return (include if applicable, Schedule C, F, &amp; 1099s)</li> <li>2019 W2(s)</li> <li>Letter(s) from your current employer(s) estimating your 2020 adjusted gross income</li> <li>Current pay stub(s)</li> </ul>

Divorce/Separated (Only if marital status changed since filing 2021-2022 FAFSA.)  Check this box if this best describes to your circumstance	<ul> <li>Signed 2019 Federal Tax Return (include if applicable, Schedule C, F, &amp; 1099s)</li> <li>2019 W2(s)</li> <li>Copy of Divorce Decree (if divorced) or</li> <li>Documentation of separate households (i.e. utility bill, cell phone bill, housing lease)</li> </ul>
Reduction Due to Death of Parent or Spouse  Check this box if this best describes to your circumstance	<ul> <li>Signed 2019 Federal Tax Return (include if applicable, Schedule C, F, &amp; 1099s)</li> <li>2019 W2(s)</li> <li>Copy of Death Certificate or</li> <li>Copy of Obituary</li> </ul>
Healthcare Expenses  (If expenses in 2020 not reimbursed by your insurance exceed 11% of family's 2019 AGI.) Elementary/Secondary Tuition  Expenses (If expenses in 2020 not reimbursed by your insurance exceed 10% of family's 2019 AGI.)  Check this box if this best describes to your circumstance	<ul> <li>Personal statement explaining circumstance</li> <li>Signed 2019 Federal Tax Return (include if applicable, Schedule C, F, &amp; 1099s) – (parent and student)</li> <li>Healthcare Expenses:         <ul> <li>2019 W2(s) – (parent and student)</li> <li>2020 Paid Receipts or</li> <li>2020 Canceled checks or 2020 Schedule A</li> </ul> </li> <li>Elementary/Secondary Tuition:         <ul> <li>Attach statement from private school indicating student(s) name, relationship to HLGU student and list of exact charges incurred and payments made in 2019.</li> </ul> </li> </ul>
Reduction or Loss of Untaxed Income and/or Benefits  Check this box if this best describes to your circumstance	<ul> <li>Personal statement explaining circumstance</li> <li>Signed 2019 Federal Tax Return (include if applicable, Schedule C, F, &amp; 1099s)</li> <li>2019 W2(s)</li> <li>Attach supporting documentation from the resource describing the benefit, the timeline it was received, the reason(s) it is no longer available, the ending date and monthly amount received.</li> </ul>
Other  (If none of the above circumstances applies to your situation, please attach a signed statement explaining your circumstances.)  Check this box if this best describes to your circumstance	<ul> <li>Personal statement explaining circumstance</li> <li>Signed 2019 Federal Tax Return (include if applicable, Schedule C, F, &amp; 1099s) – (parent and student)</li> <li>2019 W2(s) – (parent and student)</li> <li>Attach appropriate supporting documentation</li> </ul>
I agree to allow the financial aid administrator to review my infor accommodated. I further understand that I may be asked for ad completely denied. I understand that if this form is incomplete o taken. Your request for special circumstance cannot be procompleted and verified. Please allow up to six to eight week been received.	ditional information or that my request can be partially or r lacks the required documentation, no action will be cessed until your original 21-22 FAFSA has been
Signatures:	
Student Date Parent	(If Dependent) Date