



**2009 - 2010 SPECIAL CONDITIONS APPLICATION
DEPENDENT STUDENTS**

This form is to be used by those who may have special circumstances that may change financial aid eligibility.

Student Name _____ Student ID _____
Last First MI

Current Mailing Address _____
Street City, State Zip Code

This application is in response to your request for a review of special circumstances that have arisen, which you feel may change your financial aid eligibility. We require that certain documents be provided to support the specific special condition selected by you and/or your parents. We start with an evaluation of the accuracy of the information that you submitted on your Free Application for Federal Student Aid (FAFSA). We will evaluate the supporting documents along with your FAFSA to determine if you are eligible for any adjustments.

The United States Department of Education provides in the Higher Education Amendments of 1998 a reaffirmation of the use of professional judgement in determining eligibility for federal financial aid. This provision allows for consideration of expected year income, instead of prior year income to calculate a student's eligibility. The student's situation **must** meet one of the criteria used by Lincoln University as a special condition. This means that, a student who meets a special condition in the 2009-2010 award year may have his/her eligibility calculated using expected income for 2009.

Required Documentation for All Conditions

2008 signed copies of parents' Federal Income Tax Return (including **all** schedules, W-2s and 1099s), (If filed separate, please provide **both** returns). **Your request will not be considered if the required information is not provided.**

The Section below must be completed for all conditions

Expected 2009 taxable and nontaxable income and benefits:

Father's expected **2009** income earned from work \$ _____

Mother's expected **2009** income earned from work \$ _____

Expected **2009** amounts from other taxable income and benefits \$ _____

Expected **2009** amounts from untaxed income and benefits \$ _____

Please provide supporting documentation for income or benefits listed for 2009 (i.e. most recent pay stub, statement from agency of benefits received, etc.).

Instructions for Completion

1. Complete only the sections that apply to your situation and provide all required documentation.
2. Provide all requested signatures. Write student name and SSN across the top of all documents.
3. If additional information is required, you will be notified promptly.

Failure to provide the requested documentation will result in no further processing of this request.

Explanation of Conditions and Additional Required Documents

A.) Parental loss of employment for more than 10 consecutive weeks in 2009 (This must be a complete loss of employment). **(Only check one condition that applies to your situation and provide the documentation listed.)** Failure to provide the requested documentation will result in no further processing of this request.

- Termination or cessation of employment for _____ weeks in 2009

Acceptable documentation for termination or cessation of employment:

- Notice of termination/cessation from employer
- Copy of most recent pay stub(s) or statement of earnings to date (both parents if applicable)
- Notice of application for unemployment compensation (if applicable) and amount received
- Documentation on all other sources of parent(s) income (taxable and non-taxable)
- Attending Doctor's statement of disability
- Notification of Workers' Compensation
- Employer disability payments

- Disability or natural disaster; unable to earn income for _____ weeks in 2009

Acceptable documentation for disability or natural disaster:

- Date disability resulted in termination of employment
- Documentation of Official Declaration of Natural Disaster status
- Copy of most recent pay stub(s) or statement of earnings to date (both parents if applicable)
- Documentation on all other sources of parent(s) income (taxable and non-taxable)
- Attending Doctor's statement of disability
- Notification of Workers' Compensation
- Employer disability payment

B.) Parental loss of untaxed income or benefit for more than 10 consecutive weeks in 2009

(Only check one condition that applies to your situation and provide the documentation listed). This must be a complete loss of the benefit. The untaxed income or benefit must be from a public or private agency, from a company, or from a person because of court order. Do not include Veterans' educational benefits. Failure to provide the requested documentation will result in no further processing of this request.

- Loss of unemployment compensation for _____ weeks in 2009

Acceptable documentation for loss of unemployment compensation:

- Notice of application for unemployment compensation (if applicable) and amount received
- Copy of most recent pay stub(s) or statement of earnings to date (both parents if applicable)
- Documentation on all other sources of parent(s) income (taxable and non-taxable)

- Loss of Social Security benefits for _____ weeks in 2009

Acceptable documentation for loss of social security benefits:

- Notification of loss of benefit from provider of benefit
- Copy of most recent pay stub(s) or statement of earnings to date (both parents if applicable)
- Documentation on all other sources of parent(s) income (taxable and non-taxable)

- Loss of Disability benefits for _____ weeks in 2009

Acceptable documentation for loss of disability benefits:

- Notice of termination/cessation from employer
- Notification of loss of benefit from provider of benefit
- Copy of most recent pay stub(s) or statement of earnings to date (both parents if applicable)
- Documentation on all other sources of parent(s) income (taxable and non-taxable)

Loss of Welfare benefits for _____ weeks in 2009

Acceptable documentation for loss of welfare:

- Notification of loss of benefit from provider of benefit
- Copy of most recent pay stub(s) or statement of earnings to date (both parents if applicable)
- Documentation on all other sources of parent(s) income (taxable and non-taxable)

Loss of Court Ordered Child Support for _____ weeks in 2009

Acceptable documentation for loss of court ordered child support:

- Court documents verifying loss and date/conditions of loss
- Copy of most recent pay stub(s) or statement of earnings to date (both parents if applicable)
- Documentation on all other sources of parent(s) income (taxable and non-taxable)

Other _____ for _____ weeks in 2009

C.) You have already filed your Free Application for Federal Student Aid (FAFSA or Renewal FAFSA) and, since that time, your parents have separated or divorced.

Failure to provide the requested documentation will result in no further processing of this request.

Please provide the date your parents separated or divorced _____
Mo./Day/Yr

Acceptable documentation:

- Court documented separation agreement, **OR**
- Divorce decree/settlement
- Documentation to support separate residency (i.e. copy of lease, deed or utility bills.)

D.) You have already filed your Free Application for Federal Student Aid (FAFSA or Renewal FAFSA) and, since that time, a parent has died.

Failure to provide the requested documentation will result in no further processing of this request.

Please provide the date your parent died _____
Mo./Day/Yr

Acceptable documentation:

- Copy of parent's death certificate

Signatures

Certification:

All of the information contained in this application is true to the best of my/our knowledge. If intentionally false or misleading information is provided on this application in an attempt to obtain federal financial aid, I understand that a fine of up to \$10,000, and/or a prison sentence could result.

Print student's name

Student's signature

Date

Print Father's name

Father's signature

Date

Print Mother's name

Mother's signature

Date