

Financial Aid Office

1032 West Sheridan Road
Sullivan Center Room 190
Chicago, Illinois 60660
Phone: 773.508.7704

Scan completed form and upload to <https://forms.luc.edu/faupload/login.htm>



Preparing people to lead extraordinary lives

2024-2025 Special Circumstance Appeal

Student Name: _____
(Please print)

Loyola ID: _____
(Your 11-digit Loyola ID number begins 0000)

Appeal forms and ALL supporting documentation must be submitted at least 4 weeks before to the end of the term.

If your family experiences a significant change in financial status, this form will allow you to request special consideration of your unique financial circumstances for the 2024–2025 academic year. Before submitting this appeal form, the following steps must be completed:

Indicate below which financial circumstances are impacting your family and submit copies of **all supporting documentation** as listed below. Incomplete appeals will not be processed. Any approval is for the 2024–2025 academic year only.

Was a Special Circumstance Appeal approved for the 2023-2024 year? Yes No

Is the supporting documentation listed below already on file? Yes No

1. Unemployment/Loss of Job/Retirement/Disability	January 2024 - December 2024
<p>Choose one:</p> <p><input type="checkbox"/> Loss of income <input type="checkbox"/> Reduction of income</p> <p>Name of person experiencing loss or change in income:</p> <p>_____</p> <p>Relationship to student:</p> <p>_____</p> <p>Source of lost income:</p> <p>_____</p>	<p>Estimated wages \$ _____</p> <p>Estimated taxable income</p> <p>Unemployment \$ _____</p> <p>Severance \$ _____</p> <p>Other \$ _____</p>
<p>If appeal is for loss of income, submit <i>both</i> of the following:</p> <ul style="list-style-type: none">• Signed letter from employer on company letterhead verifying the date of separation. If separated from more than one employer, a letter from each employer is required.• Unemployment benefit statement; or a signed statement that that you did not and will not receive unemployment. <p>If appeal is for reduction income, submit the following as applicable:</p> <ul style="list-style-type: none">• A letter from your employer explaining the projected hours and hourly rate of pay.• Copy of last pay stub from former and/or current employer(s).• Documentation from physician, or insurance agency, verifying disability.	

Student Name: _____
(Please print)

Loyola ID: _____
(Your 11-digit Loyola ID number begins 0000.)

2. Divorce/Separation/Loss of Parent or Spouse

Choose one:

Divorce Loss of parent/spouse

Person to be removed from the FAFSA

Parent 1 Parent 2 Student's Spouse

For Divorce/Separation: Submit a copy of the divorce decree; or documentation indicating separate residences as well as:

- Copies of both parents' 2022 W2s, 1099s, Schedule Cs, and/or other income documents.

For Death: Submit a copy of the death certificate or obituary.

3. Loss of Benefit

Name of person losing benefit _____

Type of benefit:

Relationship to student _____

Social Security if on 2022 tax return

Date of termination _____

Unemployment if on 2022 return Child Support Received

Amount in 2023 \$ _____

Amount in 2024 \$ _____

Submit the following required documentation:

- Child Support Received is from the prior calendar year. If you completed the FAFSA before in December 2023, you will use the 2022 Calendar year. If you completed the FAFSA in 2024 you will use the 2023 calendar year.
- A statement from issuing agency certifying termination of benefit, including effective date of termination.

4. Loss of One-Time Income

Name of person who received the income: _____ **Relationship to student:** _____

Type of income lost:

Early distribution of IRA IRA rollover Moving expense allowance Back-year social security payments

One-time capital gain Divorce Settlement Other _____

Value of Income in 2022 \$ _____

Submit the following required documentation:

- A signed copy of your 1040 tax return indicating a rollover and/or all copies of your 1099 forms.
- Documentation why funds will not be available to be used towards educational expenses.

Student Name: _____
(Please print)

Loyola ID: _____
(Your 11-digit Loyola ID number begins 0000)

5. Private Elementary and/or Secondary (K-12) School Tuition

Name of Sibling	Name of Private School & Grade	2024-2025 Tuition & Fees Paid

Submit the following required documentation:

- A copy of the tuition bill for 2024-2025 after financial assistance

6. Paid Medical/Dental Expenses

The Financial Aid Office will only consider paid expenses over the amount already protected by the FAFSA for medical expenses.

Amount Paid in 2024 (not reimbursed by insurance) \$ _____ **(do not include premiums)**

Submit the following required documentation:

- Itemized paid statements or paid receipts showing proof of out-of-pocket payments

Certification Statement:

All of the information provided by me, or any other person on this form, is accurate and complete to the best of my knowledge. If requested, we agree to give proof of the information we have provided on this form. Proof may include court documents, cancelled checks, etc. Failure to provide the requested information will result in denial of the appeal. Additional documentation may be requested as needed.

Student Signature*

Date

Parent Signature*

Date

**Typed and digital signatures are not acceptable*

1U 2025