

2008-2009 FINANCIAL AID EVALUATION

For Special Circumstances

Office of Student Financial Aid
Box 45011
Lubbock, Texas 79409-5011
(806) 742-3681

Student's Name _____ SSN _____

The Free Applications for Federal Student Aid (FAFSA) is designed to provide a snapshot of a family's income and assets to determine their ability to contribute to the educational costs. For some applicants, this snapshot does not reflect their current financial situation, due to some extenuating or special family circumstances. By using the Financial Aid Evaluation Form, a Student Financial Aid advisor can evaluate individual circumstances to help create a more appropriate financial aid award package. After completing steps one, two and three of this form, please return it along with supporting documentation to the Office of Student Financial Aid, and allow up to four weeks for processing of your application.

Step One: Provide a full explanation of the circumstances that you would like to be reviewed. Include the student's name and social security number on the form you submit.

Step Two: Read through reasons below and include **all** those relevant to you – **Remember to send in requested documentation when submitting this form.**

A. ___ Loss of employment – Provide a letter from previous employer, on company letterhead, stating beginning and ending dates of employment and total earnings for the most recent calendar year. Also provide a letter from your current employer, if applicable. If you have left the military, attach a copy of the DD-214.

B. ___ Loss of benefits – Provide a document from the appropriate agency stating when benefits ceased and total amount you have received for the current year.

- ___ Social Security Benefits
- ___ Court Ordered Child Support
- ___ Untaxed Retirement or Disability Benefits
- ___ Welfare Benefits
- ___ Other

C. ___ Separation or divorce – Attach a copy of the Divorce Decree or letter stating date of separation.

D. ___ Death – Include a copy of the Death Certificate or Obituary Notice.

E. ___ Medical/Dental expenses – Provide a copy of cancelled checks, receipts, billing history or *Schedule A* from your tax return. Medical or dental expenses *paid out-of-pocket* during the most recent calendar year will be considered.

F. ___ One time distributions – Provide explanation of why distribution was received and how funds were used. Provide the receipts, if applicable.

* Notice Concerning Your Information: The Texas Public Information Act, with a few exceptions, gives you the right to be informed about the information that Texas Tech University collects about you. It also gives you the right to request a copy of that information and to have the University revise any information that is incorrect. You may request this information by contacting the office possessing such information. *

Student's Name _____ SSN _____

Step Three: List Financial Resources and Expenses

A. Estimated 2008 information:			OFFICE USE ONLY
(1) Taxable Income:	Required Student/Spouse (Independent student only)	Required Parents (Dependent student)	
Earned Income:			
Student and/or Father (Stepfather)	\$	\$	
Spouse and/or Mother (Stepmother)	\$	\$	
Unemployment Benefits	\$	\$	
Severance Pay	\$	\$	
(2) Untaxed Income/Benefits:			
Untaxed Portion of Social Security Benefits	\$	\$	
Child Support Received	\$	\$	
Military Allowances (BAQ and BAS)	\$	\$	
Clergy housing and food Allowances	\$	\$	
AFDC/TANF	\$	\$	
VA Benefits	\$	\$	
Food Stamps	\$	\$	
Disability	\$	\$	
Workers Compensation	\$	\$	
Other Welfare Benefits	\$	\$	
Untaxed Portion of IRA Distribution	\$	\$	
Housing, food, and other living allowances provided by parents, relatives or friends	\$	\$	
Cash received or any money paid on your behalf not reported elsewhere on this form	\$	\$	
Child Support Paid	\$	\$	
Other (specify)	\$	\$	

Number in Household _____ Number in College _____

*****This Special Circumstance Request must be accompanied with a copy of your 2007 income tax return.***

I certify that all the information submitted on and with this application is accurate and complete:

STUDENT SIGNATURE

PARENT SIGNATURE (for Dependent Students)

Signed: _____ Date _____ Signed: _____ Date _____

FOR OFFICE USE ONLY		
DATE: ____/____/20____	APPROVED	DENIED
ADVISOR SIGNATURE: _____		
MAKE ANY ADDITIONAL COMMENTS ON TECHSIS SCREEN 348		

