

**STUDENT FINANCIAL ASSISTANCE**

6525 North Sheridan Road  
Sullivan Center Room 190  
Chicago, Illinois 60626  
Phone: 773.508.7704 Fax: 773.508.3397  
Scan completed form and E-mail to [finaidforms@luc.edu](mailto:finaidforms@luc.edu)



*Preparing people to lead extraordinary lives*

**2009-2010 Special Circumstance Appeal  
Loyola Guarantee Application**

**Student Name:** \_\_\_\_\_  
(Please print)

**Loyola ID:** \_\_\_\_\_  
(11 digits starting with 0000)

This form will allow you to request special consideration of your unique financial circumstances for 2009–2010.

*The Loyola Guarantee* assures that every student will have the opportunity to complete a Loyola degree. Therefore, if a family experiences a significant income loss that causes a substantial change in financial status, Loyola will work with students and their families to ensure they may be able to continue their studies at Loyola.

- Start by answering questions 1-3 below.
- Next, complete the relevant sections of the appeal form as fully as possible. Attach additional sheets, if needed, to fully explain your situation.
- Attach all relevant documentation of the situation (for example, loss of job appeals usually must include unemployment benefits statements and final pay stub from employer).

**Copies of your 2008 federal income tax returns for both parent and student must be attached. Tax returns must be signed, with all schedules and W-2 Forms attached (if they have not been previously requested and submitted for this academic year). Appeals submitted without tax documents will not be processed.**

- Finally, submit all documents: by mail, fax, or scan and email. Addresses listed above.

1. My parent applied for a Federal PLUS Loan for this academic year.      Y      N      N/A

    If yes, was the Federal PLUS Loan approved?      Y      N      N/A

2. I applied for a credit-based alternative loan academic year.      Y      N

    If yes, was the loan approved?      Y      N

3. Indicate below which financial circumstances are impacting your family.

*Private School Tuition*

*Decrease in Income/Loss of Job*

*Medical/Dental Expenses*

*Parents' Enrollment in College*

*Other Special Circumstances*—Please fully explain the financial circumstance. Attach additional sheets, if needed, and include appropriate documentation. We cannot adjust for mortgage or car expenses, bankruptcy, credit card debt, leisure activities or other students in college.

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**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, canceled checks, etc. Failure to provide the requested information will result in denial of the appeal.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Stepmother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father/Stepfather's Signature

\_\_\_\_\_  
Date



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

Loyola ID: \_\_\_\_\_

**Private Elementary and/or Secondary School Tuition**

The Office of Student Financial Assistance at Loyola realizes that private elementary and secondary school education can be a significant expense. By completing the following, you are requesting a re-evaluation of your financial aid eligibility because of payment of private school tuition expenses during the academic year 2009–2010.

**Note: Include tuition expenses for private education only. College, day care or preschool tuitions are not eligible for consideration. Book, bus and fee expenses are not taken into account.**

**A copy of a 2009–2010 tuition statement or notification for future tuition must be attached.**

<u>Family Member</u>	<u>School</u>	<u>Age/ Grade</u>	<u>Tuition</u>	<u>Financial Aid</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Parents' Enrollment in College**

I, \_\_\_\_\_ parent of \_\_\_\_\_, certify that I am attending college at \_\_\_\_\_ (name of college) at least half-time (six credit hours or more) for at least one term during the 2009–2010 academic year. **I have enclosed a copy of my next term's course registration and billing statement.**

- Are you enrolled in a degree or certificate program that leads to a recognized educational credential (e.g. B.A., B.S., A.A., M.S., etc)? Check with your college admission office if you are unsure of your admission status.  Yes  No
- What is the total amount of financial assistance you will receive for 2009-2010, excluding employer tuition assistance?  
\_\_\_\_\_
- List below the number of credit hours and tuition charged for each term.

<u>Terms</u>	<u>Number of Credit Hours</u>	<u>Tuition Charged</u>	<u>Amount of Employer Tuition Assistance</u>
Fall 2009	_____	\$ _____	\$ _____
Winter 09/10	_____	\$ _____	\$ _____
Spring 2010	_____	\$ _____	\$ _____

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

Loyola ID: \_\_\_\_\_

**Medical/Dental Expenses**

Students or families with significant medical or dental expenses paid during 2008 **that were not reimbursed by insurance**, or payments for medical or dental expenses to be paid during 2009, may indicate the expenses and provide documents (e.g., medical insurance statements) of services not covered by insurance. Students or families with medical or dental expenses to be incurred during 2009 should submit an explanation of these estimated expenses.

Significant medical expenses are defined as those that are at least 7.5% of your Adjusted Gross Income (AGI). To determine if your medical expenses are of an amount sufficient to be considered in re-evaluating your financial aid eligibility:

	X 7.5% =	
<b>AGI from 2008 federal tax return</b>		<b>Minimum amount of non-reimbursed 2008 or 2009 medical expenses required for appeal</b>

**If the total of your medical and dental expenses is not greater than the minimum amount, you are not eligible to appeal for special circumstance consideration based on un-reimbursed medical/dental expenses.**

If the total of your medical and dental expenses is greater than the minimum, complete the following and attach insurance statements indicating the amounts of expenses that are and are not covered by insurance or medical bills indicating insurance payments. Attach additional sheets if required.

<u>Family Member</u>	<u>Date of Treatment</u>	<u>Provider</u>	<u>Amount Paid in 2008 or to be paid in 2009</u>

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

Loyola ID: \_\_\_\_\_

**Decrease in Income**

**Please complete this appeal section after you obtain information about the amount of unemployment benefits you will receive. A letter of termination and two paycheck stubs for both the old and the new rate of pay (or unemployment benefits statements, etc.) must be submitted.** Any appeals submitted without proof of income will not be reviewed.

**PARENTS**

➤ Mother/stepmother change in income. Date of change: \_\_\_\_\_

Please explain the change: \_\_\_\_\_

➤ Father/stepfather change in income. Date of change: \_\_\_\_\_

Please explain the change: \_\_\_\_\_

***Please provide all requested information:***

	<u>Mother/Stepmother</u>	<u>Father/Stepfather</u>
Estimated gross earnings during January – December 2009	\$ _____	\$ _____
Gross amount of severance or payout of sick or vacation days	\$ _____	\$ _____
Estimated unemployment benefits during 2009	\$ _____	\$ _____

During periods of reduced employment, many families need to supplement take-home income by using funds from savings or retirement accounts. If you will be doing so, please estimate below the amount to be withdrawn in 2009.

Estimated amount of savings/checking withdrawals	\$ _____	\$ _____
Estimated amount of withdrawals/loans against 401(k), IRA, etc.	\$ _____	\$ _____

**STUDENT**

➤ Student/Spouse change in income. Date of change: \_\_\_\_\_

Please explain the change: \_\_\_\_\_

***Please provide all requested information:***

	<u>Student</u>	<u>Spouse</u>
Estimated gross earnings June–August 2009	\$ _____	\$ _____
Estimated untaxed income/benefits June–August 2009	\$ _____	\$ _____
Estimated gross earnings September 2009–May 2010	\$ _____	\$ _____
Estimated unemployment benefits September 2009–May 2010	\$ _____	\$ _____

During periods of reduced employment, many families need to supplement take-home income by using funds from savings or retirement accounts. If you will be doing so, please estimate below the amount to be withdrawn in 2009.

Estimated amount of savings/checking withdrawals	\$ _____	\$ _____
Estimated amount of withdrawals/loans against 401(k), IRA, etc.	\$ _____	\$ _____