

2020-2021 Unusual Circumstance Form



Student Information

Last name First name M.I. Student ID# or Last Four Digits of SSN

Email address Student Cell Phone #

This form is to assist you with requesting a review of your financial aid eligibility because of changes in financial circumstances not addressed on your original financial aid application. This change limits the ability of you and/or your parents to contribute toward your 2020-2021 educational expenses. Complete and return this form to the Financial Aid Office if you, your spouse, or a parent has incurred an unusual expense or unusual circumstance.

Who incurred the unusual expense or circumstance?
Student____ Spouse____ Father____ Mother____

Indicate the amount of additional funding you are requesting: \$ _____

DOCUMENTATION

Supporting documentation that verifies your unusual expense or circumstance must be attached. Forms submitted with incomplete documentation will not be processed.

Please check off all your unusual circumstances from the list below. See the back of this form for the required documentation for each circumstance.

- | | |
|---|--|
| <input type="checkbox"/> Childcare expense | <input type="checkbox"/> Housing costs |
| <input type="checkbox"/> Computer purchase | <input type="checkbox"/> Commuting Expense |
| <input type="checkbox"/> Death of a legal parent | <input type="checkbox"/> Separation or Divorce |
| <input type="checkbox"/> Loss of Benefits | <input type="checkbox"/> Liquidation or Foreclosure of asserts |
| <input type="checkbox"/> Parent enrolled in college | <input type="checkbox"/> Loss of Employment |
| <input type="checkbox"/> Medical Expenses | <input type="checkbox"/> Elementary/Secondary School Tuition |
| <input type="checkbox"/> Other _____ | |

All the information provided by the undersigned is true and complete to the best of my/our knowledge. I/we further understand that purposely giving false or misleading information to obtain student financial aid may subject me/us to fines and other penalties.

Student signature: _____ Date: _____

Return completed appeal to:

- Mailing address: Lake Region State College ▪ Financial Aid Office
▪ 1801 College Drive N ▪ Devils Lake ND 58301
- Phone: 1-800-443-1313 Ext 1517 or (701) 662-1517 ▪ E-mail for questions: katie.nettell@lrsc.edu ▪ Fax: 701-662-1666

IMPORTANT: All attachment (letters of explanation, etc.) must be signed, dated and reflect the name or last four digits of student SSN. Your appeal will be evaluated at the earliest available date. Please allow a minimum of two to four weeks for processing this form.

Required Documentation

Unusual Circumstance	Documentation
Child Care Expense	Letter Listing <ol style="list-style-type: none"> a. Name and age of dependent(s) b. Hourly rate paid c. Total monthly cost d. Name, phone number & address of provider
Housing Cost	Letter of explanation with a budget per month <ol style="list-style-type: none"> 1. Copy of rental agreement or mortgage payment 2. Copy of most recent monthly utility bills
Computer Purchase	Copy of receipt for purchase of a computer (purchased between Summer 2020 and May 2021)
Commuting Expense	Letter listing: <ol style="list-style-type: none"> a. Number of miles traveled each day b. How many days per week c. Where you are traveling from
Death of a Legal Parent	<ol style="list-style-type: none"> 1. Letter listing: <ol style="list-style-type: none"> a. Relationship of deceased to the student 2. Copy of obituary/death certificate 3. 2018 IRS Tax Return Transcript or signed 2018 Federal Tax Return (Form 1040 & applicable schedules 1-3) & 2018 W-2's for both parents. 4. Verification Worksheet 2020-21
Separation or Divorce	<ol style="list-style-type: none"> 1. Letter listing: <ol style="list-style-type: none"> a. Letter of explanation 2. Copy of divorce decree or proof of separation 3. 2018 IRS Tax Return Transcript or signed 2018 Federal Tax Return (Form 1040 & applicable schedules 1-3) & 2018 W-2's for both spouses 4. Verification Worksheet 2020-21
Loss of Benefits	<ol style="list-style-type: none"> 1. Letter listing: <ol style="list-style-type: none"> a. Whose benefits were terminated b. Amount of benefit(s) received for last two years c. Reason for termination d. Projected income and untaxed income to the end of 2020 or a 2019 Tax Return Transcript or signed 2019 Federal Tax Return (IRS Form 1040 & applicable schedules 1-3) & 2019 W-2's 2. Copy of document from provider stating termination of benefits 3. 2018 IRS Tax Return Transcript or signed 2018 Federal Tax Return (Form 1040 & applicable schedules 1-3) & 2018 W-2's 4. Verification Worksheet 2020-21
Liquidation or Foreclosure	<ol style="list-style-type: none"> 1. Letter Listing: <ol style="list-style-type: none"> a. Type of asset liquidated b. Gross sales proceeds c. List of where proceeds were applied 2. Copy of foreclosure notice 3. 2018 IRS Tax Return Transcript or signed 2018 Federal Tax Return (Form 1040 & applicable schedules 1-3) 4. Verification Worksheet 2020-21
Loss of Employment	<ol style="list-style-type: none"> 1. Letter listing: <ol style="list-style-type: none"> a. Who lost employment b. Reason for loss of employment c. Income earned and untaxed income (Worker's Compensation, unemployment benefits, disability Benefits, etc.) to date of termination (per family member) d. Projected income and untaxed income to the end of 2020 or a 2019 Tax Return Transcript or signed 2019 Federal Tax Return (IRS Form 1040 & applicable schedules 1-3) & 2019 W-2's 2. Copy of last pay stub from employer 3. 2018 IRS Tax Return Transcript or signed 2018 Federal Tax Return (Form 1040 & applicable schedules 1-3) & 2018 W-2's 4. Verification Worksheet 2020-21
Parent Enrolled in College	<ol style="list-style-type: none"> 1. Letter listing: <ol style="list-style-type: none"> a. Which parent is enrolled b. Number of enrolled credits c. Enrollment verification form from their college stating the parent is enrolled ½ time or greater in a degree granting program
Medical Expenses	<ol style="list-style-type: none"> 1. Letter listing: <ol style="list-style-type: none"> a. Who incurred the expense(s) 2. List of medical expenses incurred (only bills that are paid or on a payment plan will be considered) 3. Copy of Explanation of Benefits from insurance carrier 4. Copy of medical bills
Elementary/ Secondary School Tuition	<ol style="list-style-type: none"> 1. Letter listing: <ol style="list-style-type: none"> a. Person from whom tuition is being paid b. Copy of tuition contract