



2009-2010 Special Condition Form (Dependent)
For review after April 1, 2009

Student's Name (PLEASE PRINT): _____

La Salle University ID #: _____

Date of Birth: _____

Email address (required for response): _____

This form is to be completed by individuals who have experienced a change in status due to one of the following reasons:

- Death
- Separation or Divorce (attach legal documents or proof of separate addresses)
- Loss of job
- Reduction in income (include letter providing date and details)
- Unreimbursed medical and/or dental expenses (an itemized list or copies of bills should be attached)

****Please note: Changes in asset/investment worth is not considered a special condition. Unfortunately, we are unable to consider grade school and high school tuitions as special conditions.***

Completed forms should be submitted to the Student Financial Services Office for review. As a result, you *may* be considered for increased and/or additional aid. All decisions will be responded to via email. All special condition adjustments will be made to the 2009-2010 FAFSA and financial aid package only. Subsequent financial aid packages for future academic years will be awarded independently of this special condition.

*****If you are a PA resident, please contact PHEAA for their special condition form for a change in PHEAA Grant eligibility at 1-800-692-7392 or at www.pheaa.org**

REASON FOR FILING

DATE OF OCCURRENCE

- _____ Death of a major wage earner _____
- _____ Separation or Divorce _____
- _____ Loss of Employment _____
- _____ Reduction in Income (Please attach most recent paystub) _____
- _____ Unreimbursed Medical and/or Dental Expenses (Attach detailed documentation)

Since the Student Financial Services Office should already be aware of your parents' 2008 income and asset information as a result of the 2009-2010 FAFSA form, please answer the following questions based on estimated income information as a result of the special condition. *Please leave no lines blank; use a "0" if no value exists.*

Parents' Expected 2009 Income and Expenses

- 1. Parents' estimated 2009 adjusted gross income \$ _____
- 2. In 2009, how much will your father earn from work \$ _____
- 3. In 2009, how much will your mother earn from work \$ _____
- 4. 2009 Unemployment Compensation (untaxed portion) \$ _____
- 5. Untaxed Income and Benefits
 - A. Child Support received for all children \$ _____
 - B. Other untaxed income and benefits from worksheet on next page \$ _____

Please include and attach a separate letter with any detailed information or documentation to be considered with this request.

OFFICE USE ONLY (Do not write below this line.)

	Original	New
Institutional change	_____	_____
	_____	_____
	_____	_____
Pell change	_____	_____
Stafford Change	_____	_____
EFC	_____	_____

ACTION TAKEN:

SFS Representative Signature _____

Date: _____