

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

2026-2027 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 2026–2027 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 2026-2027 academic year only.

Was a Special Circumstance Appeal approved for the 2025-2026 year? Yes No

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

1. Unemployment/Loss of Job/Retirement/Disability	For the time period January 01, 2026 - December 31, 2026
<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 (i.e. employer name/self-employment):</p> <p>_____</p>	<p>Please approximate:</p> <p>Estimated wages \$ _____</p> <p>Estimated taxable income</p> <p>Unemployment \$ _____</p> <p>Severance \$ _____</p> <p>Other \$ _____</p>
<p>If tax filing status for 2024 is married joint, please submit both student/parent's <u>2024 W2 forms and, if applicable, 1099s.</u></p> <ul style="list-style-type: none"> If appeal is for loss of income, submit the following as applicable: <ul style="list-style-type: none"> <input type="checkbox"/> 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. <input type="checkbox"/> Unemployment benefit determination letter; or a signed statement that that you did not and will not receive unemployment. <input type="checkbox"/> Proof of severance and a statement detailing severance payments from employer. If appeal is for reduction income, submit the following as applicable: <ul style="list-style-type: none"> <input type="checkbox"/> A letter from your employer explaining the projected hours and hourly rate of pay. <input type="checkbox"/> Copy of last pay stub from former and/or current employer(s) showing year to day earnings. <input type="checkbox"/> 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' 2024 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 _____

Relationship to student _____

Date of termination _____

Amount in 2025 \$ _____

Amount in 2026 \$ _____

Type of benefit:

- Social Security if on 2024 tax return
 Unemployment if on 2024 return
 Child Support Received

Submit the following required documentation:

- A statement from issuing agency certifying termination of benefit, including effective date of termination.
- Child Support Received is from the prior calendar year. If you completed the FAFSA before/in December 2025, you will use the 2024 calendar year. If you completed the FAFSA in 2026, you will use the 2025 calendar year.

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 2024 \$ _____

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	2026-2027 Tuition & Fees Paid

Submit the following required documentation:

- A copy of the tuition bill for 2026-2027 after financial assistance on school letterhead.

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 2026 (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 (do not submit charges only)

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*