



**Xavier University Financial Aid Office**  
**Special Circumstance and Professional Judgment Financial Aid Review**

Student's Name \_\_\_\_\_ Student ID \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Dependent Student: Parent's Name \_\_\_\_\_  
Parent's Phone \_\_\_\_\_ Parent's Email address \_\_\_\_\_

Situations may occur that substantially affect your eligibility for federal financial aid. Please complete this form to document those situations. Decisions are based on the documentation provided and the guidelines established by Xavier and federal/state regulations. All decisions are final. Your request for re-evaluation will not be reviewed until we receive all of the required documentation.

**Priority submission date: April 1**

**Check only the ones that are applicable** to your family's specific situation and submit a signed letter explaining your situation, with dollar amount, if applicable, along with supporting documentation with this form. In addition to submitting the supporting documentation, you may need to submit the specific tax transcript(s), W-2's, schedules, 1099's, etc. to substantiate your case or/ if requested by counselor.

\_\_\_ **Loss/Reduction of Work Income.** Provide documentation such as termination notice/retirement/resignation letter accompanied by severance pay and 3 months recent pay stub. May include official job termination/retirement/resignation letter.

\_\_\_ **Loss of Untaxed Income or Benefit.** Provide official documentation such as termination of benefits notification from appropriate agency. May include child support, social security, retirement benefits, or welfare.

\_\_\_ **Household's unusually high unreimbursed medical and dental expenses.** Provide documentation showing amount paid. This situation is only considered if your out-of-pocket medical expense paid exceed 11% income protection allowance which is already included in the SAI calculation on the FAFSA. Your documents should clearly highlight the amount covered by your insurance and amount paid by you/parent.

\_\_\_ **Loss of support from parent or spouse, due to separation, divorce, or death.** Provide court papers for separation or divorce and copies of W-2's, 1099's etc. from the student, parent, or spouse. The divorce/separation status must meet all of IRS and state guidelines. (Note: The Department of Education defines parent as the custodial parent.) If death, also include copy of death certificate. The spouse whose income was loss, must be on the FAFSA.

\_\_\_ **Unusually high child care costs or payment of elementary and/or secondary tuition.** Provide statement of amount paid. This situation is only considered IF the annual tuition exceeds 10% of the family's adjusted gross income.

\_\_\_ **Received a one-time payment or cash benefit that abnormally affected reported income.** Provide official documentation of payment or benefit information with amount received.

CERTIFICATION: By signing below, I certify that the information contained on this form and supporting documentation are true and complete to the best of my knowledge. ***\*If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail or both.*** I understand that submission does not guarantee a change in my award package. Upon request, I will provide any additional documentation to substantiate the information provided.

Student \_\_\_\_\_ Date \_\_\_\_\_  
Parent \_\_\_\_\_ Date \_\_\_\_\_