

Request for Review of Financial Need Status

The Financial Assistance Office is granted authority by federal law (Public Law 102-325, Sec. 479(A)) A...on the basis of adequate documentation, *to make adjustments on a case by case basis* to the cost of attendance or the values of the data items required to calculate the expected family contribution *to allow for treatment of an individual eligible applicant with special circumstances*. However, this authority shall not be construed to permit administrators to deviate from the contributions expected in the absence of special circumstances. *Special circumstances shall be conditions that differentiate an individual student from a class of students*, such as all full-time or part-time students in a regular JD or LLM program.

Special Circumstances

The Financial Assistance Office **MAY** be able to adjust your data items required to determine your family contribution (i.e., EFC) and your financial need if special circumstances exist that affects your ability to pay for the cost of education. Examples of special circumstances are: unusual medical and dental expenses not covered by insurance; disability related expenses; elementary and secondary school tuition costs; child care and dependent care costs; and involuntary reduction in income or benefits. If your family situation involves a special circumstances such as those described above, you may request for a review of your financial need status.

Required Documentation

In order for our office to consider your request for a review of your financial need status, we will need information and documentation of your special circumstances. Please provide the following to our office:

- A personal letter of explanation, **and** the attached form entitled Student ' s Statement of Reduction of Income and/or Benefits. *You must provide substantial supporting documentation to verify the reduction of Income and/or Benefits.*

Or

- A personal letter of explanation **and** the attached form entitled Student ' s Statement of Unusual Expenses. *You must provide substantial supporting documentation to verify these expenses.*

Submit your letter of explanation and all appropriate forms including any pertinent documentation to the Financial Assistance Office. Incomplete forms will not be processed.

Student's Statement of Reduction in Income and/or Benefits

(To be completed by the Student)

Incomplete forms **will not** be reviewed

1. Will your income and/or your spouse's income be less for any of the reasons listed in #2 below? YES NO

2. Please mark the appropriate situation **and attach supporting documentation.**

- Involuntary unemployment since _____
(Month/Day/Year)
- Divorce or Separation since _____
(Month/Day/Year)
- Death of Spouse _____
(Month/Day/Year)
- Disability of Student or Spouse _____
(Month/Day/Year)

3. Please complete the following table **and provide copies of all supporting documentation** (i.e., tax forms, pay check stubs, court order, benefits statements, etc.)

<i>Income and Benefits</i>	<i>Received in Prior Year</i>	<i>Anticipated in Current Year</i>
Wages, salaries, tips (including severance pay, disability payments, and any income from work)		
Other taxable income		
Untaxed Social Security benefits		
Aid to Families with Dependent Children (AFDC)		
Child support received		
Other untaxed income		
Total income and benefits		

I hereby certify that the information supplied on this form and all other information reported to qualify for financial assistance is complete and correct.

Student's Name (please print) SSN

Student's Signature Date

Spouse's Signature (if applicable) Date



DON'T FORGET:
You must include a personal letter of explanation, **and** this form entitled Student's Statement of Reduction in Income and/or Benefits. **You must provide substantial supporting documentation to verify the situation.** Submit all appropriate paperwork to the Financial Assistance Office. **Incomplete forms will not be processed.**

Student's Statement of Unusual Expenses and/or Debts

(To be completed by the Student)
Incomplete forms **will not** be reviewed

Mark the appropriate box:

- | | |
|--|--|
| <input type="checkbox"/> Unusual Medical/Dental Expenses

<input type="checkbox"/> Disability Related Expenses | <input type="checkbox"/> Elementary/Secondary education tuition costs/Bar review courses

<input type="checkbox"/> Child care or dependent care expenses |
|--|--|

Please complete the appropriate sections and provide supporting documentation:

Unusual Medical/Dental Expenses

1. Amount paid for medical/dental insurance in **prior year** \$ _____
Note: Do not include employer's contribution. Proof of payment is required.

2. Amount of **prior year** medical/dental expenses not paid by insurance \$ _____

3. Please explain if your unreimbursed medical/dental expenses will be lower, the same, or higher from **the previous year to the current year**, and why. _____

Type of medical or dental expense that will be incurred during enrollment	Amount of original debt and date incurred (Month/Year)	Balance owed on debt	Date payments began	Monthly Payment	Holder of Debt	Date payments end

Disability Related Expenses

1. Amount of actual out of pocket expenses paid in **prior year** \$ _____
Note: Do not include amounts paid for or reimbursed by another party. Proof of payment may be required.

2. Please explain if your unreimbursed expenses that relate to your special needs will be lower, the same, or higher from the **previous year to the current year**, and why. _____

Type of expense that will be incurred during enrollment that relate to students special needs	Amount of original debt and date incurred (Month/Year)	Balance owed on debt	Date payments began	Monthly Payment	Holder of Debt	Date payments end

Elementary/Secondary education tuition expenses/Bar review courses

- Did you pay for Elementary/Secondary Education?
Tuition expenses/Bar review courses? YES NO
- Please explain if these expenses will be lower, the same, or higher from **previous year to the current year**, and why. _____

Name of supported family member	Age	Relationship	Elementary Education Tuition Cost	Secondary Education Tuition Costs	Bar Review Course Costs	Enrollment Period Covered by Cost

Child Care and Dependent Care Expenses

- Did you pay for Child Care and/or Dependent Care Expenses? YES NO
- Please explain if these expenses will be lower, the same, or higher from **previous year to the current year**, and why. _____

Name of supported family member	Age	Relationship	Monthly Child Care Expense	Monthly Adult Dependent Care Expense	Total Annual Expense

I hereby certify that the information supplied on this form and all other information reported to qualify for financial assistance is complete and correct.

Student ' s Name (please print) _____ TJSL ID# _____ SSN

Student ' s Signature _____ Date

Spouse ' s Signature (if applicable) _____ Date



DON ' T FORGET:

You must include a personal letter of explanation, **and** this form entitled Student ' s Statement of Unusual Expenses. **You must provide substantial supporting documentation to verify these expenses.** Submit all appropriate paperwork to the Financial Assistance Office. **Incomplete forms will not be processed.**