

# Lipscomb University - Office of Financial Aid

## UNUSUAL CIRCUMSTANCES REQUEST FORM

You (student) must show that a situation exists in your family that has prevented you from obtaining parental information. Examples include: abandonment, parental drug and/or alcohol abuse, imprisonment, parental mental incapacity, physical or emotional abuse, or severe estrangement, etc. Requests are usually reviewed within 14 days after submission of this application and all applicable supporting documentation. ***Incomplete requests and large volumes of requests may cause a delay.***

Dependency status is determined by specific criteria and can be changed by a financial aid administrator only in unusual circumstances. The Office of Financial Aid assesses situations on a case-by-case basis. The following reasons do not qualify for a dependence status review:

- The parents do not want to provide information on the FAFSA due to privacy concerns
- The parents do not feel it's their responsibility to provide financial assistance for college
- The parents no longer claim the student as dependent on their taxes
- The student no longer lives at home

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### **Requests are reviewed based on the following criteria:**

- *Case by case* basis (upon written request for review only)
- Decisions are *final* and cannot be re-appealed to Lipscomb nor the US Dept of Education
- Can only be used for one academic year (fall, spring, & summer)
- *Supporting and justifiable documentation* is submitted with this request

### **STUDENT DATA**

Student Name \_\_\_\_\_ L# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (     ) \_\_\_\_\_ Email \_\_\_\_\_

Date 2023-24 FAFSA filed \_\_\_\_\_ 2022-23 FAFSA on file? Y or N

Projected Income (Student) \$ \_\_\_\_\_

Have you previously had a Unusual Circumstance approved by Lipscomb University? Y or N

If yes, what academic year was the most recent Unusual Circumstances approved? \_\_\_\_\_

**RESIDENCY INFORMATION**

Do you live with your parent(s)? Y or N

If yes, explain: \_\_\_\_\_

What is the amount of financial support you receive from your parents? \$ \_\_\_\_\_

List other support you receive from your parents (examples: health insurance, car insurance, allowance):

\_\_\_\_\_  
\_\_\_\_\_

Were you claimed as a federal tax exemption by your parent(s) in the current or previous tax year? Y or N

**STUDENT’S PERSONAL STATEMENT OF CIRCUMSTANCE**

Write a document from you, the student, requesting a dependency status review and include the following:

- The nature of your relationship with your parents
- The location of both of your parents and when you last had contact with them
- Why you cannot obtain information and/or financial support from your parents
- How have you been supporting yourself

This must be signed / dated by the student and include your name and Lipscomb Student ID in the document. The Personal Statement is your opportunity to explain the reasons that require this appeal. Personal Statements remain confidential.

**REQUIRED DOCUMENTATION**

Document	Examples
<input type="checkbox"/> Two letters on letterhead from professional sources  Ex. who are familiar with your circumstances	Letters must be signed and dated. <ul style="list-style-type: none"><li>➤ Social Case Worker</li><li>➤ Teacher</li><li>➤ Counselor</li><li>➤ Lawyer</li><li>➤ Doctor Psychologist</li><li>➤ Pastor</li><li>➤ Other reputable sources</li></ul>
<input type="checkbox"/> A third letter may be accepted from a family member detailing your history	Court legal documents may include: <ul style="list-style-type: none"><li>➤ Custody Paperwork</li><li>➤ Police Report</li><li>➤ Incarceration Documentation</li><li>➤ Death Certificate</li><li>➤ Court Order</li></ul>

**WHAT TO SUBMIT**

- Completed Unusual Circumstance Appeal Form
- Student’s Personal Statement Of Circumstance - Signed and Dated
- Must have a valid and Current FAFSA on file
- Required third party documentation

**DECISION**

**If Your Appeal Is Approved:**

Your FAFSA will be updated in accordance with the Appeal Committee’s findings, and financial aid will be updated if required. Please note that an approved appeal is not a guarantee of additional financial aid.

**If Your Appeal Is Denied:**

Appeal results are final. Your appeal will be closed and will not be reviewed again by the Appeal Committee. Please ensure you submit **all** required documentation on your initial submission.

I certify that all information provided in this request is true and correct. I have not, knowingly, falsified any information in order to receive financial assistance that I would otherwise be ineligible to receive. If there are changes in my circumstance, I will *immediately* contact Lipcomb’s Office of Financial Aid.

Finally, I understand that the Lipscomb Financial Aid Office will report any type of fraudulent actions committed by me or on my behalf to the U. S. Department of Education. I fully understand that this can result in a penalty and possible imprisonment as specified by federal guidelines.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Failure to provide documentation with this request will cause the request to be automatically denied\*\***

**Return this form and all requested documents to:**

**Via Mail:**

Lipscomb University - Office of Financial Aid  
Attn: Special Circumstance Committee  
1 University Park Dr.  
Nashville, TN 37204

**In Person:**

Office of Financial Aid  
Crisman Administration Bldg.  
First Floor

**Via Email:**

financialaid@lipscomb.edu