

Petition for Special Circumstances

Student's Name _____ Student's New School ID # _____
Telephone _____ Email _____

This petition is for the academic year (check one): _____ 2008-2009 _____ 2009-2010

Who should use this form?

Students whose families have experienced a change in their financial circumstances since they completed their financial aid application should complete the front and back pages of this form to help Student Financial Services determine whether additional financial assistance may be available. Please note processing time of this form is approximately two weeks from time of receipt. If you have not received a response to this petition after the general processing time, please contact the Student Financial Services for further information.

Part 1: DESCRIPTION OF CIRCUMSTANCES. Please attach a separate sheet if necessary.

Part 2: DOCUMENTATION

All students requesting reconsideration of their financial aid eligibility should complete the federal Verification process by submitting the following:

- A copy of their own and their parents' (dependent students) or their spouse's (independent students) most recent Federal tax returns
- Verification Worksheet, available at www.newschool.edu/admin/finaid/faid/frameset_forms.html or the Financial Aid Office.

Then, choose the item from the left-hand column below and on the back of this page that best fits your special circumstances and submit the documentation listed in the right column. Please include any additional documentation you think will be helpful to the financial aid office in considering your request or contact a financial aid counselor if you have any questions regarding the documentation requested.

YOUR SPECIAL CIRCUMSTANCES ARE BEST DESCRIBED BY:

___ Family member's change in employment

YOU SHOULD SUBMIT THE FOLLOWING DOCUMENTS:

- ___ Statement from previous employer indicating last date of employment and amount of benefits to be paid out (i.e. severance pay, vacation pay, etc.)
- ___ Final pay stub from previous employer and recent pay stub from new employer
- ___ Statement from new employer indicating start date and pay rate

___ Family member's loss of employment
(from an event such as layoff or illness)

___ Statement from previous employer indicating last date
of employment and amount of benefits to be paid out
(i.e. severance pay, vacation pay, etc.)

___ Copy of the final pay stub from previous employer
___ Notice from Bureau of Unemployment, which indicates eligibility
or ineligibility for unemployment compensation

___ Statement documenting disability benefits if applicable

___ Statement(s) documenting all other sources of
family income in the current calendar year

___ Summary statement estimating your total family income for the
current calendar year

___ One-time income in prior year that will not
recur this year (such as inheritance, IRA distribution
or rollover)

___ Prior year Federal tax return schedules that
relate to the one-time income item

___ Documents from a company, bank, or agency that state the
source of the income and confirm that the income is non-
recurring

___ Statement of how that one-time income was used by
your family (placed in savings, used to pay down debt)

___ Uninsured medical/dental expenses

___ Copies of charges and Insurance coverage statement

___ IRS Schedule A

___ Receipts of paid medical/dental expenses

___ Divorce/Separation

___ Divorce or Legal separation court statement

___ Proof of parent's separate residence (utility bill, lease)
in addition to documentation from an objective third
party acting in a professional capacity, ie. attorney,
counselor, etc.

___ Other request, please describe in Part One

___ Contact the financial aid office with questions about
appropriate documentation

___ Additional educational expenses to be included in *Cost of Attendance to allow for increased loan eligibility

___ Rent costs

___ Lease copy

___ Canceled rent checks

___ Books/supplies costs

___ Receipts from purchases

___ Statement from instructor declaring necessity of supplies

___ Computer Purchase

___ Receipt from purchase

___ Day care for student's children

___ Letter from care provider

___ Receipts or canceled checks

*The Cost of Attendance is intended to reflect the realistic, reasonable, and moderate education-related costs of attending your program. Students may make discretionary spending choices that cannot be included in the Cost of Attendance. Please speak with a financial aid counselor before incurring a large expense if you plan to cover it with educational funding to make sure your Cost of Attendance can accommodate your needs.

Part 3: CERTIFICATION

I certify that the information provided in this petition is true and complete to the best of my knowledge. I understand that I am applying for an exception to the standard treatment of family income and expenses for financial assistance. I agree to provide additional documentation to support this petition at the request of Student Financial Services, and I realize that my petition will not be considered until all documentation is provided. I understand that the penalty for providing false or misleading information is a \$10,000 fine, a prison sentence, or both.

Student's signature

Date

Parent's signature (dependent students)

Date

or

Student's spouse's signature (independent students)