

202 -20 2 SPECIAL CIRCUMSTANCE REQUEST FORM

STUDENT NAME

LAWRENCE ID OR D.O.B.

This form should be completed when a family can document a significant change in financial circumstances, or if you believe there are special circumstances that were not included/considered on your initial aid application. Please provide an explanation for your request below:

Care fully read the following before signing this form .

Reconsideration of Aid: I/ We understand that submission/review of this form does not guarantee a change in the student's financial aid eligibility. I/We understand that any additional Lawrence University Grant will only be offered if the student accepts all Federal Direct Student Loans offered to them. I/ We understand that future financial aid eligibility will be based on an annual review of financial aid application materials .

I/We affirm that the information provided in my appeal and the attached documentation is accurate and complete to the best of my/our knowledge. I /We understand that false statements or misrepresentations may be cause for denial, reduction, withdrawal or repayment of financial aid. I/We understand that appropriate adjustments may be made to student's FAFSA information based on the documentation submitted.

PI