



You have notified our office that there are special circumstances which have resulted in a reduction in resources for the calendar year 2011. Due to these circumstances, you feel your ability to contribute to your student's educational expenses may be affected.

The enclosed **Dependent Additional Information Request Form** can be used to request a review of the financial aid award when there has been a reduction in family income or when there are present extenuating or mitigating circumstances of a financial nature.

Please Note: You must file the 2011-12 Free Application for Federal Student Aid (FAFSA) before submitting this form.

Anderson University will only consider reductions in income for circumstances listed in Section I of this form. It is university policy **not to consider** a review of financial aid eligibility due to the following reasons:

- Tuition paid for elementary/secondary school.
- Personal living expenses (e.g. wedding expenses, credit card debt, home mortgage, school loans, car payments, or other consumer debt or expenses).
- Reductions in overtime pay.
- Additional Information Request Form was filed last year and actual income significantly exceeded estimated income.

If you are uncertain whether your situation can be considered for a review, please contact the Office of Student Financial Services at (800) 421-1026 or (765) 641-4180.

Please return the Additional Information Request Form to the Office of Student Financial Services, Anderson University, 1100 East Fifth Street, Anderson, IN 46012-3462 or fax it to (765) 641-3831.

Office of Student Financial Services

**ADDITIONAL INFORMATION REQUEST FORM
(Dependent)**

STUDENT'S NAME: _____ SS OR ID#: _____

SECTION I

To determine if any adjustment can be made to your financial aid award you must attach a signed copy of student and parent 2010 U.S. Income Tax Return and W-2's with this Request Form. If you have already provided your 2010 tax return information for the Verification Process, please check here _____. Please complete the applicable section(s) below.

- A. _____ A parent has lost employment because of termination, layoff, disability, retirement, company closing, or plant shutdown.

Last date of employment: _____/_____/_____

Date expected to return to work: _____/_____/_____

- B. _____ A member of your family has lost some type of untaxed income or benefit such as worker's compensation, child support, or pension.

Name of person losing the benefit: _____.

Relationship to the student: _____.

Type of benefit: _____.

Date lost: _____/_____/_____

- C. _____ Your parents have separated or divorced since you completed the FAFSA.

Please provide copies of 2010 W-2's for both parents.

Date of separation or divorce: _____/_____/_____

- D. _____ A parent is now deceased.

Please provide copies of 2010 W-2's for both parents.

Date deceased: _____/_____/_____

- E. _____ Excessive medical expenses in 2010.

Provide our office with a copy of Schedule A from your parents' 2010 Federal Income Tax Return, or, if Schedule A was not filed, a listing of unreimbursed medical expenses paid in 2010.

- F. _____ Other mitigating or extenuating financial circumstances.

Provide a statement regarding your circumstances and the financial impact. For example: I provide supplemental financial support to my elderly parents by paying \$250 per month towards their rent.

COMPLETE SECTION II ON REVERSE SIDE IF A-D IS CHECKED

SECTION II

Please provide an estimate of the anticipated 2011 income. In the **Actual** column indicate the actual income through the date this form is completed. In the **Estimated** column indicate the income estimated to be received from today's date until the end of the year.

INCOME FOR JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

	Actual 1/1/11 to Today Date ___/___/___	Estimated Today through December 31, 2011	Total Actual + Estimated Columns
Father's income from work	\$	\$	\$
Mother's income from work	\$	\$	\$
Interest income	\$	\$	\$
Pensions/annuities	\$	\$	\$
Unemployment Compensation	\$	\$	\$
Social Security	\$	\$	\$
Alimony/spousal support	\$	\$	\$
Untaxed portion of Social Security	\$	\$	\$
Welfare Benefits or AFDC	\$	\$	\$
Untaxed pensions/annuities	\$	\$	\$
Worker's Compensation	\$	\$	\$
Child support received	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

Student's signature _____ Date _____

Parent's signature _____ Date _____

Mail to: Office of Student Financial Services
Anderson University
1100 East Fifth Street
Anderson, IN 46012-3462

Fax to: (765) 641-3831