

**REND LAKE COLLEGE 2011/2012 SPECIAL CIRCUMSTANCES APPEAL**

**FINANCIAL AID OFFICE**

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

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

**General Instructions**

- STUDENTS:** complete the **STUDENT** section below, answering all questions **AND** complete the worksheet on the reverse side, checking all circumstances that apply.
- PARENTS:** complete the **PARENTS OF DEPENDENT STUDENTS** section below, answering all questions **AND** complete the worksheet on the reverse side, checking all circumstances that apply. If the parent is remarried, stepparent information is also required. This form must be signed and dated by both the student and parent(s) and returned to the Financial Aid Office, Rend Lake College, 468 N. Ken Gray Parkway, Ina, IL 62846.

**STUDENT (AND SPOUSE, IF MARRIED)**

Number of family members in 2011/2012 (include student, student's spouse and dependents) \_\_\_\_\_

Number of family members in college at least half time during 2011/2012 (include student) \_\_\_\_\_

Amount of student's (and spouse's) EXPECTED EARNINGS AND OTHER INCOME THAT IS TAXABLE FOR 01/01/11 THROUGH 12/31/11:

STUDENT'S \$ \_\_\_\_\_

SPOUSE'S \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Source and amount of student's (and spouse's) EXPECTED UNTAXED INCOME AND BENEFITS FOR 01/01/11 THROUGH 12/31/11:

LIST SOURCES:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**PARENTS OF DEPENDENT STUDENT (if applicable)**

Number of family members in 2011/2012 (include parent's and their dependents, including student) \_\_\_\_\_

Number of family members in college at least half time during 2011/2012(include student) \_\_\_\_\_

Amount of parent's EXPECTED EARNINGS AND OTHER INCOME THAT IS TAXABLE FOR 01/01/11 THROUGH 12/31/11:

FATHER'S (or stepfather's) \$ \_\_\_\_\_

MOTHER'S (or stepmother's) \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Source and amount of parent's EXPECTED UNTAXED INCOME AND BENEFITS FOR 01/01/11 THROUGH 12/31/11:

LIST SOURCES:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**CERTIFICATION:**

All of the information on this form is true and complete to the best of my (our) knowledge. If asked by an authorized official, I (we) agree to give proof of the information that I (we) have given on this form. I (We) realize that this proof may include copies of income tax returns, unemployment benefits, public aid statements, or other income information. I (We) also realize that if I (we) do not supply proof upon request, the student may be denied financial aid.

\_\_\_\_\_  
Student's Signature Date

\_\_\_\_\_  
Father's (Stepfather's Signature) Date

\_\_\_\_\_  
Spouse's Signature Date

\_\_\_\_\_  
Mother's (Stepmother's Signature) Date

\_\_\_\_\_  
Student's Telephone Number

\_\_\_\_\_  
Parent's (Stepparent's) Telephone Number

**COMPLETE CERTIFICATION ON REVERSE SIDE**

