



Illinois Lutheran Schools

Financial Appeal - Special Circumstances

Sometimes families experience special circumstances that affect their ability to pay for school after financial assistance is distributed by Illinois Lutheran. You may notify us of these situations by completing this form to: Illinois Lutheran Schools, 1610 Main Street, Crete, IL 60417.

Student's name _____

Parent's name _____
(Please print)

Your Special Circumstances form will be reviewed once you have completed the application for financial assistance in FACTS and paid the FACTS application fee.

Select the circumstance(s) for which you wish to be reviewed:

- | | | |
|--|--|---|
| <input type="checkbox"/> Medical/Dental expenses | <input type="checkbox"/> Job Loss | <input type="checkbox"/> Divorce/Separation |
| <input type="checkbox"/> Expected decrease in income | <input type="checkbox"/> Death in the family | <input type="checkbox"/> Other |

Please explain: _____

Dates associated with reduced income (for example, last date of employment): _____

Amount requested: \$ _____

If you believe you have circumstances not addressed by this form, please explain. Include as much information as possible.

PLEASE SIGN THE BACK OF THE FORM BEFORE YOU SUBMIT TO THE SCHOOL OFFICE

PARENT CERTIFICATION AND SIGNATURE

Warning: Federal regulations state that purposely giving false or misleading information may result in a fine, a prison sentence, or both.

I (We) certify that all of the information reported to qualify for emergency financial assistance is complete and correct.

Parent signature _____ Date _____

Parent signature _____ Date _____