TO APPLY FOR NEED-BASED AID, FIRST COMPLETE THE 2015-16 FAFSA (Free Application for Federal Student Aid, www.fafsa.ed.gov). Appeals for certain circumstances that are not reflected on the FAFSA can be made here. To be considered for an appeal, submit this form immediately after you have filed for the FAFSA (or after your circumstance arises.)

**STUDENT INFORMATION**

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<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Maiden Name</th>
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<th>Street Address</th>
<th>City</th>
<th>State/Province</th>
<th>Zip Postal Code</th>
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<th>Phone</th>
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<th>Social Security/Social Insurance # (last four digits only)</th>
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**REQUEST FOR SPECIAL CIRCUMSTANCES** (Please complete only the sections that apply to you.)

2015-16 K-12 Private School Tuition for Siblings or Children and Parent College Tuition

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Grade Level for 2015-16</th>
<th>Name of School</th>
<th>Net Tuition Paid</th>
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Total amount of 2015-16 parent college tuition and private school tuition your family will pay directly to the school for all children grades K-12: $ __________

Do not include tuition payments made to your church.

**EXCESSIVE MEDICAL/DENTAL/NURSING HOME/CHILDCARE COSTS:**

An allowance for expenses is already built into the FAFSA’s financial aid formula. Answer the following question only if your family expenses exceed five percent of household 2014 income.

Total amount of family medical/dental expenses NOT COVERED BY INSURANCE in 2014: $ __________________________

YOU MUST ATTACH DOCUMENTATION (i.e. itemized deductions from federal 1040 tax form, detailed list including date, amount, payee, and your signature)
REDDUCTION OF INCOME / LOSS OF JOB:
The 2015-16 FAFSA calculates need based on 2014 income information. If these figures are no longer an accurate representation of your family's income, we may be able to make an adjustment to your FAFSA. Complete this section only if your 2015 gross income will be at least 10% less than your 2014 income.

DEPENDENT STUDENTS:
Father’s Estimated Income, 1/1/2015 – 12/31/2015
- Wages/severance
- Unemployment benefits
- Any other income

Mother’s Estimated Income, 1/1/2015 – 12/31/2015
- Wages/severance
- Unemployment benefits
- Any other income

Total 2015 Income

YOU MUST ATTACH DOCUMENTATION. Please include:
1. A short typed paragraph detailing your family’s change in financial circumstances.
2. Documentation to support your 2015 income reduction/projection (like statements from employers, recent pay stubs, unemployment benefits statements, or other documents).
3. If you filed a federal tax return for 2014 but did not transfer tax data directly from the IRS into the FAFSA, you must send a signed copy of the 2014 Federal tax return transcript (not tax account transcript), which can be requested at https://sa1.www4.irs.gov/irfof-tra/start.do or by phone at 1-800-908-9946.

INDEPENDENT STUDENTS:
Student’s Estimated Income, 1/1/2015 – 12/31/2015
- Wages/severance
- Unemployment benefits
- Any other income

Spouse’s Estimated Income, 1/1/2015 – 12/31/2015
- Wages/severance
- Unemployment benefits
- Any other income

Total 2015 Income

Certification statements

CERTIFICATION STATEMENT ON REFUNDS AND DEFAULT
I certify that I do not owe a refund on any grant or loan, am not in default on any loan, or have made satisfactory arrangements to repay any defaulted loan, and have not borrowed in excess of the loan limits, under Title IV programs, at any institution.

STATEMENT OF EDUCATIONAL PURPOSE
I will use all Title IV money received only for expenses related to my study at Trinity Christian College.

STATEMENT OF HONESTY
I certify that all information presented on this form is true and complete, to the best of my knowledge.

Student Signature  Date

Parent Signature  Date

Please mail this application to:
FINANCIAL AID OFFICE
TRINITY CHRISTIAN COLLEGE
6601 WEST COLLEGE DRIVE
PALOS HEIGHTS, IL 60463

Please contact us if you have any questions. Phone 866.TRIN.4.ME  Fax 708.239.4814  NBA 15/16