



2018-2019 SPECIAL CIRCUMSTANCES REQUEST

You have indicated that there are special circumstances in your family's financial situation that affect your ability to pay for school. To have this reviewed; please complete the form in its entirety! Once completed, submit this form along with all supporting documentation to the Financial Aid Office.

Student's Name (please print)	Student ID # or Last Four Digits of SSN
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I understand that filing this form may not necessarily result in an increase in my financial aid. I certify that all information that I have submitted pertaining to this special circumstance is true and complete to the best of my knowledge. I agree to provide proof of information that I have given on this form if asked by the Financial Aid Office. I also realize that if I do not provide proof when asked, that I will not receive consideration of special circumstances.

Student's Signature	Daytime Phone Number
Parent's Signature (for dependent students)	E-Mail address (if available)

All special circumstance cases are automatically selected for federal verification. The verification process must be completed prior to review for Professional Judgment. We try to handle each special circumstance in a timely manner. Please allow up to 14 days for review of your request. Your cooperation in providing requested documentation is a necessary part of this process. Delayed information could result in the review exceeding the 14 day window.

You or your parent(s)/spouse's 2016 income does not accurately reflect your available income because: (Check one)
<input type="checkbox"/> Extraordinary Medical/Dental expenses not covered by insurance. Required documentation: Submit all paid medical bills including paid prescription costs that you wish to be considered.
<input type="checkbox"/> Divorce/Separation/Death Required documentation: Submit a copy of the divorce/separation decree, death certificate. The student has already applied for Federal Student Aid, but a legal separation/divorce or death occurred since that time.
<input type="checkbox"/> Change in Employer Required documentation: Statement from previous employer regarding last day of employment and benefits paid to employee; copy of final pay stub; letter from new employer indicating start date, pay rate and a copy of the most recent pay stub; completed projected 2018 income on this form.
<input type="checkbox"/> Loss of job (involuntary) or retirement from job. Required documentation: Statement from previous employer regarding last day of employment and benefits paid to employee; copy of final pay stub; notice from the Bureau of Employment Services stating eligibility for unemployment compensation; complete projected 2018 income on this form.
<input type="checkbox"/> Reduction in or loss of Child Support, Social Security Benefits or other Benefits received. Required documentation: Copy of notice of benefit termination or a copy of the court order that specifies when payments cease, complete the projected 2018 income on this form.
<input type="checkbox"/> Other: _____ Required documentation: Please submit documentation that you believe is appropriate for your situation.

