



FINANCIAL AID OFFICE

110 John Scott Hwy., Steubenville, OH 43952
 (740) 266-9992 (Phone) Main Campus
 (330) 480-0726 (Phone) Youngstown Campus
 (740) 266-2991 (Fax) Main Campus
 (330) 480-0817 (Fax) Youngstown Campus

2019-2020 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
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Parent’s Signature (for dependent students)	E-Mail address (if available)
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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 2017 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 2019 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 2019 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 2019 income on this form.
<input type="checkbox"/>	Other: _____ Required documentation: Please submit documentation that you believe is appropriate for your situation.

