



Academic Year: \_\_\_\_\_

## Request for Special Circumstances

Student's Name: \_\_\_\_\_ ID: \_\_\_\_\_  
Last First

This completed and signed form must be returned to the Financial Aid Office. **Submit legible copies** of all required documents to facilitate the processing of this request.

Please provide a brief description of your request:

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

A) UNEMPLOYMENT	B) DISABILITY
<p>Adjustments may be allowed for the person who has become unemployed. Must be unemployed for a minimum of <b>10 weeks in order for a recalculation of eligibility.</b> Forms submitted prior to the completion of 10 weeks of unemployment will not be processed and shredded.</p> <p>1. Name of unemployed person _____</p> <p>2. Date of unemployment _____</p> <p>3. Date unemployment benefits began _____</p> <p>4. Weekly unemployment benefits \$ _____</p> <p>5. Earnings prior to unemployment \$ _____</p> <p>6. Has the person returned to work? <input type="checkbox"/> yes <input type="checkbox"/> no            If yes, enter date _____</p> <p><b>(report information even if person is working part-time)</b></p> <p>7. If yes, enter gross weekly amount \$ _____</p> <p>8. Is the person receiving severance pay? <input type="checkbox"/> yes <input type="checkbox"/> no            Date severance pay began _____            Date severance pay will terminate _____</p>	<p>Adjustments may be allowed for an independent student, an independent student's spouse, or a dependent student's parent(s).</p> <p>1. Name of disabled person _____</p> <p>2. Date of disability _____</p> <p>3. Date worker's compensation or other disability benefits began _____</p> <p>4. Weekly Amount of worker's compensation or other disability benefits \$ _____</p> <p>5. These amounts are <input type="checkbox"/> taxed <input type="checkbox"/> untaxed (check one)</p> <p>6. Earnings prior to disability \$ _____</p> <p>7. Is the disability permanent? <input type="checkbox"/> yes <input type="checkbox"/> no (check one)            *If yes, indicate the monthly amount of your family's social security benefits \$ _____            Date Social Security benefits began _____            *If no, give the anticipated date of return to work _____            estimated gross weekly salary \$ _____</p>
Required Documentation	Required Documentation
<p><b><u>Federal Verification must be completed prior to special circumstances reviews- Contact the office for details.</u></b></p> <ul style="list-style-type: none"> <li>Copy of letter of termination from ex-employer (on company letterhead) stating last date of employment and year-to-date earnings and copy of last pay stub.</li> <li>Copy of any severance benefits paid.</li> <li>Copy of approval or denial of "Unemployment Notice of Claimant of Benefit Determination." For approved claims, must state date of claim and total amount of benefits.</li> </ul>	<p><b><u>Federal Verification must be completed prior to special circumstances reviews- Contact the office for details.</u></b></p> <ul style="list-style-type: none"> <li>Copy of letter of employer (on company letterhead) stating last date of employment and year-to-date earnings and copy of last pay stub</li> <li>Copy of official approval or denial of worker's compensation benefits documents and/or social security benefits stating date of claim and amount of benefits.</li> </ul>

Over Please

<b>C) RETIRED</b>	<b>D) DEATH OF PARENT OR SPOUSE</b>
Adjustments may be allowed for an independent student, an independent student's spouse, or a dependent student's parent(s).	Adjustments may be allowed for death of an independent student's spouse, or a dependent student's parent(s).
1. Name of retired person _____ 2. Date of retirement _____ 3. Date pension began _____ 4. Monthly amount of pension \$ _____ This pension is _____ taxed _____ untaxed (check one) 5. Date Social Security benefits began _____ 6. Monthly amount of Family's Social Security benefits \$ _____ 7. Earnings in prior year to retirement \$ _____	1. Name of deceased person _____ 2. Date of death _____ 3. Date Social Security benefits began _____ 4. Monthly amount of family's Social Security benefits \$ _____ 5. Life Insurance proceeds received or to be received \$ _____
<b>Required Documentation</b>	<b>Required Documentation</b>
<b><u>Federal Verification must be completed prior to special circumstances reviews- Contact the office for details.</u></b>	<b><u>Federal Verification must be completed prior to special circumstances reviews- Contact the office for details.</u></b>
<ul style="list-style-type: none"> <li>Copy of pension and/or social security documentation indicating start date and benefit amount</li> </ul>	<ul style="list-style-type: none"> <li>Copy of death certificate(s)</li> <li>Copy of life insurance proceeds and/or Social Security benefits documentation</li> </ul>
<b>E) DIVORCED/SEPARATED</b>	<b>F) LOSS OF UNTAXED INCOME OR UNEMPLOYMENT BENEFITS</b>
Adjustments may be made if the applicant or the student's parents have divorced or separated after filing the Free Application for Federal Student Aid (FAFSA).	Adjustments may be made if the applicant, the applicant's spouse or parent, received untaxed income or unemployment benefits but has lost the benefit.
1. Date of separation _____ or divorce _____ 2. Date alimony payments began _____ 3. Weekly amount of alimony \$ _____ 4. Date child support began _____ 5. Weekly amount of child support received for <b>all</b> children \$ _____	1. Name of person who lost benefits _____ 2. Type of benefit lost _____ 3. Effective date _____ 4. Total amount received in prior year \$ _____ 5. Total amount received in current year \$ _____
<b>Required Documentation</b>	<b>Required Documentation</b>
<b><u>Federal Verification must be completed prior to special circumstances reviews- Contact the office for details.</u></b>	<b><u>Federal Verification must be completed prior to special circumstances reviews- Contact the office for details.</u></b>
<ul style="list-style-type: none"> <li>Copy of divorce decree or separation agreement documenting the following; separate addresses for parties seeking legal action, custody information, alimony information, and child support information.</li> <li>For separation agreements, please provide documentation to prove legal separate address, see the Department of Motor Vehicles site for approved document.</li> </ul>	<ul style="list-style-type: none"> <li>Copy of benefits cancellation letter.</li> </ul>
<b>H) UNREIMBURSED PAID MEDICAL EXPENSES</b>	
Out of Pocket medical expenses which occurred in <b>prior year</b>	
Name of person(s) incurring in the medical bills _____	
<b>Required Documentation</b>	
<b><u>Federal Verification must be completed prior to special circumstances reviews- Contact the office for details.</u></b>	
<ul style="list-style-type: none"> <li>Submit a copy of Schedule "A."</li> <li>If no schedule "A" was filed, submit a list (please be clear and specific) of unreimbursed paid medical expenses and attached copies of cancelled checks (front and back), receipts, or a statement from insurance company indicating the amount of unreimbursed expenses to support the provided list. Provide a total of the expenses.</li> </ul>	

**Please attach a 1 page summary of the reason for the request of a special circumstance. If you need more space than the above provided area. Please be detailed in your claim.**

**PLEASE RETURN THIS FORM AND ITS ATTACHMENTS TO THE FINANCIAL AID OFFICE ONLY**

**I/ we hereby certify that the information on this form is true and correct to the best of my/our knowledge.**

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's signature (if dependent)

\_\_\_\_\_  
Date