

Student Financial Services 2020-2021 Request for Consideration of Special Circumstances

Please complete in black ink.

In cases where 2019 family income is expected to be substantially less than 2018 family income, or if you have special circumstances we should take under advisement, you may request a review of family contribution and financial aid eligibility. Complete and return this form to the Office of Student Financial Services **along with documentation and a written statement to support your request.**

Name:

Student ID#: _____

Check the special circumstance and circle the person for whom it applies:

□ You / Your spouse / Your Parents(s) were/was employed in 2018 but are/is now unemployed or under employed due to plant closing or layoff. Suggested Documentation: Statement on company letterhead from employer which specifies last date of employment or date hours were reduced and any remaining benefits. Please provide a copy of 2018 IRS Tax Transcript(s) and all W-2 form(s) for you/your spouse/your parent(s) as applicable. Please provide a copy of a letter regarding benefits from the Employment Security Commission (ESC). Please provide a copy of last paycheck stub coinciding with the ending date of employment. Please provide a copy of 2019 IRS Tax Transcript(s) and W-2s.

You / Your spouse / Your Parents(s) were/was employed in 2018 but became unemployed or under employed in 2020 as a direct result of the COVID-19 pandemic. Suggested Documentation: Statement on company letterhead from employer which specifies last date of employment or date hours were reduced and any remaining benefits. Please provide a copy of 2020 IRS Tax Transcript(s) and all W-2 form(s) for you/your spouse/your parent(s) as applicable, if available yet. If 2020 tax returns have not been filed yet, please provide most current year-to-date work earnings and a written statement of anticipated work income for the remainder of the year, documentation of any additional income for 2020, such as unemployment benefits, and expected benefits for the remainder of the year. Please provide a copy of a letter regarding benefits from the Employment Security Commission (ESC) and a copy of last paycheck stub coinciding with the ending date of employment.

- You / Your spouse / Your Parents(s) earned money in 2018, but have/has been unable to pursue normal income-producing activities during 2019 due to a disability or natural disaster. Suggested Documentation: Physician's statement or written description of natural disaster.
- You / Your spouse / Your Parents(s) received unemployment compensation or other untaxed income in 2018 and have had a complete loss of those benefits in 2019. Suggested Documentation: Letter of explanation from source of benefit.
- Your Spouse (or parent, dependent student) whose 2018 income was reported on your application for Federal Student Aid has died since you submitted your application. Date of Death: ____/ ____/

Suggested Documentation: Documentation of your relationship to the deceased (i.e., marriage license) and a death certificate

Dependent Student <u>only</u>: Your last surviving parent, with whom you had a dependency relationship by virtue of not meeting the Federal Independent Student criteria, has died after you submitted your Federal Student Financial Aid Application. **Date of Death**: _____ / _____

Suggested Documentation: Documentation of your relationship to the deceased, (such as a birth certificate), and a death certificate.

- C: FA20CSPC
- S: FA Professional Judgement

Your Parent(s) will be attending college at least half-time between July 1, 2020 and June 30, 2021, and will be enrolled in a degree or certificate program. Name(s) of parent(s) who meet this definition: ______ Colleges(s) that parent(s) will attend: ______

Note: A special circumstance can only be evaluated if your parent(s) will be attending college as a result of training after an employment lay off, or as a job requirement when the employer is not paying for the educational expenses.

Suggested Documentation: Proof of enrollment from the college(s) that parent(s) attend.

You / Your Spouse / Your Parent (s) incurred unusual medical and/or dental expenses in 2018 or 2019.

Suggested Documentation: A signed copy of the 2018 or 2019 Federal Income Tax Return with Schedule A, if medical and/or dental expenses were itemized. If medical and/or dental expenses were not itemized on the 2018 or 2019 Federal Income Tax Return, provide receipts of medical and dental payments made in 2018 or 2019, which were not covered by insurance.

*Medical and/or dental expenses up to 11% of the family's income protection allowance are already taken into account by the federal needs analysis formula when determining financial aid eligibility. Therefore, only the portion of expenses which exceed 11% will be considered an unusual circumstance.

Other: Please explain briefly and concisely those circumstances you wish us to consider when reviewing your financial aid eligibility. Examples include: natural disasters, etc. Please submit documentation of these circumstances with this form.

Student / Spouse / Parent(s) 2018 Income and Expenses:

Do not leave any items blank - - this section must be completed before your request will be reviewed.

	Student & Spouse	Parents (s)
2019 Income earned from work by		
student / father:		
2019 Income earned from work by		
spouse / mother:		
2019 Other Taxable Income (e.g.		
Unemployment Benefits):		
2019 Other non-taxable income or		
benefits:		
Total Expected 2018 Income:		

I understand that if I purposely give false information in connection with my application for Federal Student Aid, I may be subject to a fine. prison, or both.

Student's Signature______Date_____Date_____

Spouse/Parent's Signature_____Date____Date_____Date_____Date_____Date_____

_____Approved Recalculated EFC:ISIR reprocessed: _____/_____/

Data elements and amounts to be adjusted:	
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Denied Rea	ason:
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I hereby use my professional judgment to Adjust / Not Adjust this student's expected family contribution.

Director of Student Financial Services