

2010–2011 Special Circumstances Form

Print Student's Name _____ Student's ID # _____

SECTION A: EXPLANATION OF SPECIAL CIRCUMSTANCES

Please attach a separate written statement detailing the specifics of your circumstances and providing any pertinent information that will help us better understand your particular situation. Make sure to sign your written statement once completed.

SECTION B: SPECIAL CIRCUMSTANCES FOR CONSIDERATION

Please check which Special Circumstance applies to you. Any documentation listed as required but not submitted will cause a delay in our ability to review your request until every required document has been received.

Special Circumstance	For a Dependent Student	For an Independent Student	Required Documentation
<input type="checkbox"/> Loss of Employment / Income from Work (greater than 25% of original annual income)	Your parent(s) or your income earned in 2010 will be less than that earned in 2009.	Your (and/or your spouse's) income earned in 2010 will be less than that earned in 2009	Complete signed copies of: <ul style="list-style-type: none"> • 2009 Federal Tax Return • W-2 Wage statements for parent(s)/student • Last pay stub showing year-to-date earnings • Termination notice from employer • Benefit notice from employment office
<input type="checkbox"/> Loss of Taxable/Untaxed Income (greater than 25% of original annual income) <ul style="list-style-type: none"> • Child Support • Social Security • Worker's Compensation • Alimony 	Your parent(s) or your income earned in 2010 will be less than that earned in 2009.	You (and/or your spouse) received benefits in 2009 which have ceased or been reduced in 2010	Complete signed copies of: <ul style="list-style-type: none"> • 2009 Federal Tax Return • W-2 Wage statements for parent(s)/student • Documentation from agency stating total amount received in 2009 and termination date • Documentation of 2010 updated amount
<input type="checkbox"/> Legal Separation or Divorce	Your parents have separated or divorced AFTER filing the FAFSA	You and your spouse have separated or divorced AFTER filing the FAFSA	Complete signed copies of: <ul style="list-style-type: none"> • 2009 Federal Tax Return • W-2 Wage statements for parent(s)/student • Divorce decree or separation agreement
<input type="checkbox"/> Death of a Parent or Spouse	A parent has died AFTER filing the FAFSA	Your spouse has died AFTER filing the FAFSA	Complete signed copies of: <ul style="list-style-type: none"> • 2009 Federal Tax Return • W-2 Wage statements for parent(s)/student • Death certificate
<input type="checkbox"/> Medical/Dental Expense* Check this circumstance if you have excessive medical expenses not covered by insurance: EXPENSES PAID IN CALENDAR YEAR 2010	Your parent(s) or your medical expenses in 2010 exceeded 11% of your total income	Your (and your spouse's) medical expenses in 2010 exceeded 11% of your total income	Complete signed copies of: <ul style="list-style-type: none"> • 2009 Federal Tax Return • W-2 Wage statements for parent(s)/student • Payment of medical bills • Letter from insurance company showing medical expenses not covered.
<input type="checkbox"/> One Time Payment Received	Your parents received a one-time lump sum payment of monies in 2009	You (and your spouse) received a one-time lump sum payment of monies in 2009	Complete signed copies of: <ul style="list-style-type: none"> • 2009 Wage statements for parent(s)/student • Documents detailing One Time Payment amount, source, reason

SECTION C: PROJECTED INCOME AND BENEFITS FROM JANUARY 1, 2010 TO DECEMBER 31, 2010

SOURCE OF INCOME:	FATHER/ STEPFATHER	MOTHER/ STEPMOTHER	STUDENT	STUDENT'S SPOUSE
Wages, Tips, Salary	\$ _____	\$ _____	\$ _____	\$ _____
Interest and/or Dividend Income	\$ _____	\$ _____	\$ _____	\$ _____
Business/Farm Income	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____	\$ _____	\$ _____
Worker's Compensation	\$ _____	\$ _____	\$ _____	\$ _____
Pensions and/or Annuities	\$ _____	\$ _____	\$ _____	\$ _____
Severance Pay	\$ _____	\$ _____	\$ _____	\$ _____
Retirement Benefits	\$ _____	\$ _____	\$ _____	\$ _____
Social Security/SSI Benefits	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Welfare Benefits	\$ _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL OF ALL INCOME	\$ _____	\$ _____	\$ _____	\$ _____

COMPLETE ONLY IF YOUR SPECIAL CIRCUMSTANCE IS FOR MEDICAL/DENTAL EXPENSES PAID IN 2009

Medical/Dental Expenses in 2010 \$ _____ \$ _____ \$ _____ \$ _____

COMPLETE ONLY IF YOUR SPECIAL CIRCUMSTANCE IS FOR A ONE-TIME LUMP SUM PAYMENT RECEIVED IN 2009

Amount of Lump Sum received in 2009 \$ _____ \$ _____ \$ _____ \$ _____

SECTION D: STATEMENT OF CERTIFICATION

All of the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide further documentation to substantiate the information provided. I understand that all special circumstances are reviewed on a case-by-case basis and this written request does not guarantee approval and/or may not ultimately result in actual change of the financial aid already offered. (All persons providing information must sign below.)

Student Signature _____ Date _____

Student's Spouse's signature (if applicable) _____ Date _____

Parent's signature (if student is dependent) _____ Date _____

HAVE YOU PROVIDED ALL OF THE FOLLOWING?

- | | |
|---|--|
| <input type="checkbox"/> Written Detailed Statement of circumstance | <input type="checkbox"/> All Required Documentation as indicated |
| <input type="checkbox"/> Tax returns, schedules, W2 | <input type="checkbox"/> Appropriate Signatures on ALL forms |
| <input type="checkbox"/> Wage Statements | <input type="checkbox"/> Student's Name and DOB on ALL forms |

