

**Semester/Award Year 2014-2015**

**STUDENT SPECIAL CIRCUMSTANCES**

(for completion by **STUDENTS ONLY**)

**INSTRUCTIONS:** According to federal laws and regulations, a family's 2013 income is used to assess financial need for the 2014-15 school year. If a family's 2014 income is lower due to special circumstances, a financial aid administrator may be able to use the 2014 income instead of the 2013 income to assess financial need.

Please provide information regarding your reduction in income by completing this form.

**STUDENT** \_\_\_\_\_ **SSN** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Student's Address** \_\_\_\_\_

1. Indicate the reason(s) for your reduction in income on page 2, complete all required sections on page 3 and 4, and attach any required documentation.
2. Write a brief summary of your special circumstances on page 5 and complete the signature requirements.
3. Submit all completed forms and required documentation to the Financial Aid Office for review by a Financial Aid Officer.
4. The student will be notified in writing if the request for Special Circumstances Consideration is approved or denied.

---

**FOR FINANCIAL AID OFFICE USE ONLY**

Prior year special circumstances: Yes \_\_\_\_\_ No \_\_\_\_\_

SPECIAL CIRCUMSTANCE:

APPROVED: \_\_\_\_\_ Old EFC \_\_\_\_\_ New EFC \_\_\_\_\_

DENIED: \_\_\_\_\_

Comments: \_\_\_\_\_

---

Financial Aid Administrator

---

Date

**STUDENT SPECIAL CIRCUMSTANCES**

---

STUDENT indicate the reason for your change in income. Mark all that applies and attach the required documentation.

\_\_\_\_\_ LOSS of income from work. Complete sections A, B, C, & D  
Period of unemployment from \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_ Layoff. Provide a letter from employer stating effective date and anticipated return. \_

\_\_\_\_\_ Plant Closing. Provide a letter from employer stating effective date.

\_\_\_\_\_ Termination. Provide letter from employer stating effective date. If this is not available, provide documentation from local unemployment office.

\_\_\_\_\_ Disability. Date of disability \_\_\_\_\_. Attach documentation of the disability.  
MM/DD/YY

\_\_\_\_\_ Quit or reduced employment to attend school. Provide a letter from employer stating effective date.

\_\_\_\_\_ OTHER. Please specify and provide appropriate documentation. \_\_\_\_\_

---

\_\_\_\_\_ LOSS of taxable income. Complete sections A, B, C, & D.

\_\_\_\_\_ Alimony. Provide court document(s) stating termination date of benefit.

\_\_\_\_\_ Unemployment. Provide letter from the unemployment office stating termination date of benefit.

\_\_\_\_\_ OTHER. Please specify and provide appropriate documentation. \_\_\_\_\_

---

\_\_\_\_\_ LOSS of untaxed income. Complete sections A, B, C, & D.

\_\_\_\_\_ Social Security. Provide Social Security administration notification of termination of benefits.

\_\_\_\_\_ Child Support. Provide a letter or court document stating termination date of benefits.

\_\_\_\_\_ Worker's Compensation. Provide a letter from Bureau of Worker's Compensation stating termination date of benefit.

\_\_\_\_\_ OTHER. Please specify and provide appropriate documentation. \_\_\_\_\_

---

\_\_\_\_\_ Divorce. Since applying for financial aid, you have become divorced. Date of divorce \_\_\_\_\_  
When completing sections A, B, C, & D give only YOUR information and attach a copy of your 2014 W-2 form and a copy of Divorce Decree.

\_\_\_\_\_ Separation. Since applying for financial aid, you have become separated. Date of separation \_\_\_\_\_

Name, current address and telephone number of spouse \_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_ One-Time Income (i.e. inheritance, moving expense allowance, back year Social Security payments, or lump sum retirement or IRA distribution). You must attach a separate sheet that identifies source of income and how funds were spent or invested. Complete sections A, B, C, & D.

\_\_\_\_\_ Medical or Dental Expenses. You have paid medical or dental expenses for the 2014 calendar year that are not covered by insurance and these expenses exceed 10% of your total income. Provide a copy of Schedule A of 2013 Federal tax returns or copies of canceled checks for 2013 and confirmation of total amount paid by insurance in 2013 (Explanation of Benefits from Insurance Company).

### **SECTION 'A'**

**Attach a copy of STUDENT'S and SPOUSE'S 2014 W-2 form and all supporting documentation.**

Report all income STUDENT AND/OR SPOUSE has actually received from January 1, 2014 through today. Then estimate all income student and/or spouse expects to receive through December 31, 2014. **YOU MUST ATTACH DOCUMENTATION OF ALL INCOME.** Documentation could include recent pay stubs with year-to-date earnings, W-2 forms, a letter from an employer stating parent's total earnings, an estimate of future income, etc. After December 31, 2014, student will be required to submit a copy of parent's completed 2014 federal tax return.

<b>INCOME</b>	<b>ACTUAL</b> 1/1/14 to TODAY +	<b>ESTIMATED</b> TODAY to 12/31/14 =	<b>TOTAL =</b> <b>ACTUAL +</b> <b>ESTIMATED</b>
Expected 2014 income earned from work by STUDENT (wages, tips, salaries, net business or farm income)	\$	\$	\$
Expected 2014 income earned from work by SPOUSE (wages, tips, salaries, net business or farm income)			
Other taxable income (dividends, interest, pensions, annuities, alimony, unemployment, compensation, capital gains, etc.) SOURCE:			
Social Security Benefits			
Any type of Government Aid/Assistance			
Child Support Received			
Other untaxed income (earned income credit, welfare, benefits, workers comp., and payments to IRA/Keogh, etc.) SOURCE:			
<b>TOTAL INCOME FOR 2013</b> (Actual + Estimated=Total Income for 2014)	\$	\$	\$



