

Request for Special Circumstances

| Student's Name: | ID: |
|--|--|
| Last First | |
| This completed and signed form must be returned to the Financial Aid Office. processing of this request. | Submit legible copies of all required documents to facilitate the |
| Please provide a brief description of your request: | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| A) UNEMPLOYMENT | B) DISABILITY |
| Adjustments may be allowed for the person who has become unemployed. Must be unemployed for a minimum of 10 weeks in order for a recalculation of eligibility. Forms submitted prior to the completion of 10 weeks of unemployment will not be processed and shredded. | Adjustments may be allowed for an independent student, an independent student's spouse, or a dependent student's parent(s). |
| 1. Name of unemployed person | 1. Name of disabled person |
| 2. Date of unemployment | 2. Date of disability |
| 3. Date unemployment benefits began 4. Weekly unemployment benefits \$ | 3. Date worker's compensation or other disability benefits |
| 5. Earnings prior to unemployment \$ | began 4. Weekly Amount of worker's compensation or other |
| 6. Has the person returned to work? yes no | disability benefits\$ 5. These amounts are taxed untaxed (check one) |
| If yes, enter date | 5. These amounts are taxed untaxed (check one) |
| (report information even if person is working part-time) 7. If yes, enter gross weekly amount \$ | 6. Earnings prior to disability \$ no (check one) 7. Is the disability permanent? yes no (check one) |
| 8. Is the person receiving severance pay? yes no | *If yes, indicate the monthly amount |
| Date severance pay began | of your family's social security benefits \$ |
| Date severance pay will terminate | Date Social Security benefits began |
| | *If no, give the anticipated date of return |
| | to workestimated gross weekly salary \$ |
| | committee gross weenly smally \$\pi |
| Required Documentation | Required Documentation |
| Federal Verification must be completed prior to special circumstances | Federal Verification must be completed prior to special |
| reviews- Contact the office for details. | circumstances reviews- Contact the office for details. |
| Copy of letter of termination from ex-employer (on company letterhead) stating last date of employment and year-to-date | Copy of letter of employer (on company letterhead) stating last date of employment and year-to-date earnings and copy of last |
| earnings and copy of last pay stub. | pay stub |
| Copy of any severance benefits paid. | Copy of official approval or denial of worker's compensation |
| • Copy of approval or denial of "Unemployment Notice of Claimant | benefits documents and/or social security benefits stating date |
| of Benefit Determination." For approved claims, must state date of claim and total amount of benefits. | of claim and amount of benefits. |

| C) RETIRED | D) DEATH OF PARENT OR SPOUSE |
|--|---|
| Adjustments may be allowed for an independent student, an independent | Adjustments may be allowed for death of an independent student' |
| student's spouse, or a dependent student's parent(s). | spouse, or a dependent student's parent(s). |
| 1. Name of retired person | 1. Name of deceased person |
| 2. Date of retirement | 2. Date of death |
| 3. Date pension began | 3. Date Social Security benefits began |
| 4. Monthly amount of pension \$ | 4. Monthly amount of family's Social |
| This pension is taxeduntaxed (check one) | Security benefits \$ |
| 5. Date Social Security benefits began | 5. Life Insurance proceeds received or |
| 6. Monthly amount of Family's | to be received \$ |
| Social Security benefits \$ | |
| 7. Earnings in prior year to retirement \$ | |
| Required Documentation | Required Documentation |
| Federal Verification must be completed prior to special circumstances | Federal Verification must be completed prior to special |
| reviews- Contact the office for details. | circumstances reviews- Contact the office for details. |
| Copy of pension and/or social security documentation | Copy of death certificate(s) |
| indicating start date and benefit amount | Copy of life insurance proceeds and/or Social |
| indicating start date and benefit amount | Security benefits documentation |
| | F) LOSS OF UNTAXED INCOME OR |
| E) DIVORCED/SEPARATED | |
| • | UNEMPLOYMENT BENEFITS |
| Adjustments may be made if the applicant or the student's parents have | Adjustments may be made if the applicant, the applicant's spouse or |
| divorced or separated after filing the Free Application for Federal Student | parent, received untaxed income or unemployment benefits but has lost |
| Aid (FAFSA). | the benefit. |
| 1. Date of separationor divorce | 1. Name of person who lost benefits |
| 2. Date alimony payments began 3. Weekly amount of alimony \$ | 2. Type of benefit lost |
| 5. Weekly amount of alimony \$ | S. Effective date Total amount received in prior year \$ |
| 4. Date child support began | 5. Total amount received in prior year \$ |
| 4. Date child support began 5. Weekly amount of child support received for all children | 3. Total amount received in current year \$ |
| φ | |
| | |
| Required Documentation | Required Documentation |
| Required Documentation Federal Verification must be completed prior to special circumstances | Required Documentation Federal Verification must be completed prior to special |
| | |
| Federal Verification must be completed prior to special circumstances | Federal Verification must be completed prior to special |
| Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. ■ Copy of divorce decree or separation agreement the following; separate addresses for parties seeking legal | Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. |
| Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. ■ Copy of divorce decree or separation agreement the following; separate addresses for parties seeking legal action, custody information, alimony information, and child | Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. |
| Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. • Copy of divorce decree or separation agreement the following; separate addresses for parties seeking legal action, custody information, alimony information, and child support information. | Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. |
| Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. Copy of divorce decree or separation agreement the following; separate addresses for parties seeking legal action, custody information, alimony information, and child support information. For separation agreements, please provide documentation to prove | Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. |
| Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. Copy of divorce decree or separation agreement the following; separate addresses for parties seeking legal action, custody information, alimony information, and child support information. For separation agreements, please provide documentation to prove legal separate address, see the Department of Motor Vehicles site | Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. |
| Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. 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. For separation agreements, please provide documentation to prove legal separate address, see the Department of Motor Vehicles site for approved document. | Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. • Copy of benefits cancellation letter. |
| Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. 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. For separation agreements, please provide documentation to prove legal separate address, see the Department of Motor Vehicles site for approved document. H) UNREIMBURSED PAIR | Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. • Copy of benefits cancellation letter. • MEDICAL EXPENSES |
| Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. 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. For separation agreements, please provide documentation to prove legal separate address, see the Department of Motor Vehicles site for approved document. | Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. • Copy of benefits cancellation letter. • MEDICAL EXPENSES |
| Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. 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. For separation agreements, please provide documentation to prove legal separate address, see the Department of Motor Vehicles site for approved document. H) UNREIMBURSED PAID Out of Pocket medical expenses | Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. • Copy of benefits cancellation letter. • MEDICAL EXPENSES |
| Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. 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. For separation agreements, please provide documentation to prove legal separate address, see the Department of Motor Vehicles site for approved document. H) UNREIMBURSED PAID Out of Pocket medical expenses | Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. • Copy of benefits cancellation letter. DMEDICAL EXPENSES which occurred in prior year |
| Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. 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. For separation agreements, please provide documentation to prove legal separate address, see the Department of Motor Vehicles site for approved document. H) UNREIMBURSED PAID Out of Pocket medical expenses of the medical bills Required Documents | Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. • Copy of benefits cancellation letter. • MEDICAL EXPENSES which occurred in prior year |
| Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. 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. For separation agreements, please provide documentation to prove legal separate address, see the Department of Motor Vehicles site for approved document. H) UNREIMBURSED PAID Out of Pocket medical expenses of the medical bills Required Documents Federal Verification must be completed prior to special circumsters. | Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. • Copy of benefits cancellation letter. • MEDICAL EXPENSES which occurred in prior year |
| Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. 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. For separation agreements, please provide documentation to prove legal separate address, see the Department of Motor Vehicles site for approved document. H) UNREIMBURSED PAII Out of Pocket medical expenses of the medical bills Required Documents Federal Verification must be completed prior to special circumst Submit a copy of Schedule "A." | Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. • Copy of benefits cancellation letter. • MEDICAL EXPENSES which occurred in prior year umentation ances reviews- Contact the office for details. |
| Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. 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. For separation agreements, please provide documentation to prove legal separate address, see the Department of Motor Vehicles site for approved document. H) UNREIMBURSED PAII Out of Pocket medical expenses of the medical bills Required Doctors Federal Verification must be completed prior to special circumstomers. If no schedule "A" was filed, submit a list (please be clear and specification must be completed prior to special circumstomers. | Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. • Copy of benefits cancellation letter. • MEDICAL EXPENSES which occurred in prior year umentation ances reviews- Contact the office for details. ic) of unreimbursed paid medical expenses and attached copies of |
| Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. 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. For separation agreements, please provide documentation to prove legal separate address, see the Department of Motor Vehicles site for approved document. H) UNREIMBURSED PAIL Out of Pocket medical expenses of the period of the provided prior to special circumstances. Required Documents of the period of | Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. • Copy of benefits cancellation letter. • MEDICAL EXPENSES which occurred in prior year umentation ances reviews- Contact the office for details. |
| Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. 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. For separation agreements, please provide documentation to prove legal separate address, see the Department of Motor Vehicles site for approved document. H) UNREIMBURSED PAIL Out of Pocket medical expenses of the provide documentation to prove legal separate address, see the Department of Motor Vehicles site for approved document. Required Documents of Pocket medical expenses of the provided list. Provide a total of the expenses. | Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. • Copy of benefits cancellation letter. • MEDICAL EXPENSES which occurred in prior year umentation ances reviews- Contact the office for details. ic) of unreimbursed paid medical expenses and attached copies of cance company indicating the amount of unreimbursed expenses to support |
| Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. 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. For separation agreements, please provide documentation to prove legal separate address, see the Department of Motor Vehicles site for approved document. H) UNREIMBURSED PAID Out of Pocket medical expenses of the medical expenses of the medical expenses of the provided list. Required Doce Federal Verification must be completed prior to special circumstomates and special cancelled checks (front and back), receipts, or a statement from insure the provided list. Provide a total of the expenses. Please attach a 1 page summary of the reason for the response to the provided prior to the reason for the response to the provided provided in the provided | Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. • Copy of benefits cancellation letter. • MEDICAL EXPENSES which occurred in prior year umentation ances reviews- Contact the office for details. ic) of unreimbursed paid medical expenses and attached copies of cance company indicating the amount of unreimbursed expenses to support quest of a special circumstance. If you need more |
| Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. 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. For separation agreements, please provide documentation to prove legal separate address, see the Department of Motor Vehicles site for approved document. H) UNREIMBURSED PAIL Out of Pocket medical expenses of the provide documentation to prove legal separate address, see the Department of Motor Vehicles site for approved document. Required Documents of Pocket medical expenses of the provided list. Provide a total of the expenses. | Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. • Copy of benefits cancellation letter. • MEDICAL EXPENSES which occurred in prior year umentation ances reviews- Contact the office for details. ic) of unreimbursed paid medical expenses and attached copies of cance company indicating the amount of unreimbursed expenses to support quest of a special circumstance. If you need more |
| Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. 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. For separation agreements, please provide documentation to prove legal separate address, see the Department of Motor Vehicles site for approved document. H) UNREIMBURSED PAID Out of Pocket medical expenses of the medical expenses of the medical expenses of the provided list. Required Doce Federal Verification must be completed prior to special circumstomates and special cancelled checks (front and back), receipts, or a statement from insure the provided list. Provide a total of the expenses. Please attach a 1 page summary of the reason for the response to the provided prior to the reason for the response to the provided provided in the provided | Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. • Copy of benefits cancellation letter. • MEDICAL EXPENSES which occurred in prior year umentation ances reviews- Contact the office for details. ic) of unreimbursed paid medical expenses and attached copies of cance company indicating the amount of unreimbursed expenses to support quest of a special circumstance. If you need more |
| Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. 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. For separation agreements, please provide documentation to prove legal separate address, see the Department of Motor Vehicles site for approved document. H) UNREIMBURSED PAID Out of Pocket medical expenses of the medical expenses of the medical expenses of the provided list. Required Doce Federal Verification must be completed prior to special circumstomates and special cancelled checks (front and back), receipts, or a statement from insure the provided list. Provide a total of the expenses. Please attach a 1 page summary of the reason for the response to the provided prior to the reason for the response to the provided provided in the provided | Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. Copy of benefits cancellation letter. MEDICAL EXPENSES which occurred in prior year umentation ances reviews- Contact the office for details. ic) of unreimbursed paid medical expenses and attached copies of cance company indicating the amount of unreimbursed expenses to support quest of a special circumstance. If you need more n your claim. |
| Federal Verification must be completed prior to special circumstances reviews Contact the office for details. 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. For separation agreements, please provide documentation to prove legal separate address, see the Department of Motor Vehicles site for approved document. H) UNREIMBURSED PAIL Out of Pocket medical expenses of the medical bills Required Doct Federal Verification must be completed prior to special circumst Submit a copy of Schedule "A." If no schedule "A" was filed, submit a list (please be clear and specific cancelled checks (front and back), receipts, or a statement from insure the provided list. Provide a total of the expenses. Please attach a 1 page summary of the reason for the response than the above provided area. Please be detailed in the special circumst space than the above provided area. Please be detailed in the special circumst space than the above provided area. Please be detailed in the special circumst space than the above provided area. Please be detailed in the special circumst space than the above provided area. Please be detailed in the special circumst space than the above provided area. Please be detailed in the special circumst space than the above provided area. | Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. Copy of benefits cancellation letter. MEDICAL EXPENSES which occurred in prior year umentation ances reviews- Contact the office for details. ic) of unreimbursed paid medical expenses and attached copies of cance company indicating the amount of unreimbursed expenses to support quest of a special circumstance. If you need more n your claim. |
| Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. 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. For separation agreements, please provide documentation to prove legal separate address, see the Department of Motor Vehicles site for approved document. H) UNREIMBURSED PAIL Out of Pocket medical expenses of the provided prior to special circumst of the submit a copy of Schedule "A." Federal Verification must be completed prior to special circumst of Submit a copy of Schedule "A." If no schedule "A." was filed, submit a list (please be clear and specific cancelled checks (front and back), receipts, or a statement from insure the provided list. Provide a total of the expenses. Please attach a 1 page summary of the reason for the respace than the above provided area. Please be detailed in the provided provided in the specific cancelled the specific cancelled area. Please be detailed in the provided provided area. Please be detailed in the specific cancelled the spec | Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. • Copy of benefits cancellation letter. • MEDICAL EXPENSES which occurred in prior year umentation ances reviews- Contact the office for details. ic) of unreimbursed paid medical expenses and attached copies of rance company indicating the amount of unreimbursed expenses to support quest of a special circumstance. If you need more in your claim. ENTS TO THE FINANCIAL AID OFFICE ONLY |
| Federal Verification must be completed prior to special circumstances reviews Contact the office for details. 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. For separation agreements, please provide documentation to prove legal separate address, see the Department of Motor Vehicles site for approved document. H) UNREIMBURSED PAIL Out of Pocket medical expenses of the medical bills Required Doct Federal Verification must be completed prior to special circumst Submit a copy of Schedule "A." If no schedule "A" was filed, submit a list (please be clear and specific cancelled checks (front and back), receipts, or a statement from insure the provided list. Provide a total of the expenses. Please attach a 1 page summary of the reason for the response than the above provided area. Please be detailed in the special circumst space than the above provided area. Please be detailed in the special circumst space than the above provided area. Please be detailed in the special circumst space than the above provided area. Please be detailed in the special circumst space than the above provided area. Please be detailed in the special circumst space than the above provided area. Please be detailed in the special circumst space than the above provided area. | Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. • Copy of benefits cancellation letter. • MEDICAL EXPENSES which occurred in prior year umentation ances reviews- Contact the office for details. ic) of unreimbursed paid medical expenses and attached copies of rance company indicating the amount of unreimbursed expenses to support quest of a special circumstance. If you need more in your claim. ENTS TO THE FINANCIAL AID OFFICE ONLY |
| Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. 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. For separation agreements, please provide documentation to prove legal separate address, see the Department of Motor Vehicles site for approved document. H) UNREIMBURSED PAIL Out of Pocket medical expenses of the provided prior to special circumst of the submit a copy of Schedule "A." Federal Verification must be completed prior to special circumst of Submit a copy of Schedule "A." If no schedule "A." was filed, submit a list (please be clear and specific cancelled checks (front and back), receipts, or a statement from insure the provided list. Provide a total of the expenses. Please attach a 1 page summary of the reason for the respace than the above provided area. Please be detailed in the provided provided in the specific cancelled the specific cancelled area. Please be detailed in the provided provided area. Please be detailed in the specific cancelled the spec | Federal Verification must be completed prior to special circumstances reviews- Contact the office for details. • Copy of benefits cancellation letter. • MEDICAL EXPENSES which occurred in prior year umentation ances reviews- Contact the office for details. ic) of unreimbursed paid medical expenses and attached copies of rance company indicating the amount of unreimbursed expenses to support quest of a special circumstance. If you need more in your claim. ENTS TO THE FINANCIAL AID OFFICE ONLY |