



Student Name: _____ Student ID: _____

SPECIAL CIRCUMSTANCE REQUEST DEADLINE: APRIL 1, 2019

Students and their families experience unforeseen circumstances, loss of income, or extraordinary expenses during an academic year. If you have encountered a significant loss or reduction of income (since 2016), you may fill out this form to determine if you are eligible for any additional federal aid. Please submit clear explanations and reasonable documentation. **Failure to provide sufficient supporting documentation will result in the denial of your appeal request.**

Please check the box that applies to your situation and provide required documentation.

UNEMPLOYMENT OR CHANGE IN EMPLOYMENT	
<input type="checkbox"/>	You, your parent, your spouse has lost employment because of termination, layoff, disability, retirement, company closing or shutdown.
<u>ATTACH THE FOLLOWING:</u>	
<ul style="list-style-type: none"> • A signed and dated statement of your circumstances (preferably typed) indicating the following: <ul style="list-style-type: none"> ➤ family member experiencing the loss ➤ type of loss ➤ dates the loss occurred ➤ date expected to return to work (if known) • Supporting Documentation such as layoff/termination notice, disability compensation notice, worker’s compensation notice, unemployment notice, etc. • Verification Documents if not previously submitted <ul style="list-style-type: none"> ➤ 2018-2019 Verification Form ➤ 2017 Tax Return Transcript for student/spouse (if married) ➤ 2017 Tax Return Transcript for parent (if dependent) whose income was included on your FAFSA 	

DEATH OF PARENT OR SPOUSE	
<input type="checkbox"/>	Your parent or stepparent is now deceased, but his/her information was reported on the FAFSA.
<input type="checkbox"/>	Your spouse is now deceased, but his/her information was reported on the FAFSA.
<u>ATTACH THE FOLLOWING:</u>	
<ul style="list-style-type: none"> • Submit a copy of death certificate. • 2016 W-2(s) for you or your surviving parent if a joint 2016 tax return was filed. • Verification Documents if not previously submitted <ul style="list-style-type: none"> ➤ 2018-2019 Verification Form ➤ 2017 Tax Return Transcript for student/spouse (if married) ➤ 2017 Tax Return Transcript for parent (if dependent) whose income was included on your FAFSA 	

LOST BENEFITS

____ You, your parent or your spouse has lost some type of untaxed income or benefits. Untaxed income includes benefits such as worker's compensation, child support, pensions and annuities, social security benefits, alimony.

ATTACH THE FOLLOWING:

- A signed and dated statement of your circumstances (preferably typed) indicating the following:
 - family member experiencing the loss
 - Type of benefit
 - dates the loss occurred or will occur
- Supporting Documentation such as termination notice of worker's compensation, social security notice, court decree for child support or alimony, etc.
- Verification Documents if not previously submitted
 - 2018-2019 Verification Form
 - 2017 Tax Return Transcript for student/spouse (if married)
 - 2017 Tax Return Transcript for parent (if dependent) whose income was included on your FAFSA

DIVORCE OR SEPARATION

____ You or your parent has divorced or separated from a spouse and his/her information was reported on the FAFSA.

ATTACH THE FOLLOWING:

- A signed and dated statement of your circumstances (preferably typed) indicating the following:
 - Date of separation or divorce (attach copy of divorce decree or separation agreement)
If legal action has not been started, please provide documentation of separate residences (current utility bills from each household).
 - Amount of child support and alimony received
- 2016 W-2 for you or your parent if a joint 2016 tax return was filed.
- Verification Documents if not previously submitted
 - 2018-2019 Verification Form
 - 2017 Tax Return Transcript for student/spouse (if married)
 - 2017 Tax Return Transcript for parent (if dependent) whose income was included on your FAFSA

OTHER

____ Other extraordinary circumstance

ATTACH THE FOLLOWING:

- A signed and dated letter explaining your circumstances (preferably typed)
- Any supporting documentation
- Verification Documents if not previously submitted
 - 2018-2019 Verification Form
 - 2017 Tax Return Transcript for student/spouse (if married)
 - 2017 Tax Return Transcript for parent (if dependent) whose income was included on your FAFSA

Certification

By signing below, I/we acknowledge and confirm that the above information is complete and correct. Purposely giving false or misleading information may result in federal fines, jail sentence, or both.

Student Signature _____

Date _____

Parent Signature _____

Print Parent Name _____

(if applicable)

FACSCR18

SUBMIT THIS FORM TO YOUR OFFICE OF FINANCIAL AID

COMPLETE BOTH SIDES OF FORM