

# Schreiner University

LEARNING BY HEART™

## 2009-2010 Special Circumstances Request

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

Special circumstances may exist which are not reflected on the 2008-2009 Free Application for Federal Student Aid (FAFSA). In order for the Office of Financial Aid to consider these circumstances as they pertain to your financial aid eligibility, we must have specific explanations and sufficient documentation to do so.

Please indicate the situation listed below that applies to you and submit this form along with a letter of explanation and all supporting documents. ***If your specific situation is not listed below, please complete the form, submit the documentation, and a letter of explanation.***

**Return this form with the following:**

- ✓ the 2009-2010 Verification Worksheet
- ✓ signed 2008 Federal Tax Return(s) for yourself and parent/spouse, including schedules, W-2's, and
- ✓ Additional documentation required below.

**Incomplete requests will be returned to the student for additional information.**

Special Circumstance ( please choose all that apply):

\_\_\_ Loss of employment or income reduction

Please provide EACH of the following documents:

\_\_\_ Copy of last pay stub from former employer

\_\_\_ Copy of pay stub from current employer

\_\_\_ Copy of unemployment benefits, if receiving.

\_\_\_ Letter of explanation outlining when the employment ceased and details surrounding current financial situation.

\_\_\_ Unusual medical expenses for 2008 or 2009. (We can consider one year's expenses-but not two).

Please provide EACH of the following documents:

\_\_\_ Letter explaining the medical situation and whether it was a one time occurrence or is a continuing condition.

\_\_\_ Spreadsheet or chart showing type of service received, date of service and amount paid OUT OF POCKET.

For example:

| 1. Date:    | Type of Service | Cost of Service | Out of Pocket |
|-------------|-----------------|-----------------|---------------|
| 2. 01/12/09 | Dr. Appt.       | \$120           | \$25 Co-Pay   |

\_\_\_ Copy of receipts for services listed.

\_\_\_\_\_ Decrease in benefits received such as Social Security, child support, etc.

Please provide EACH of the following documents:

\_\_\_\_\_ Copy of divorce decree or letter from attorney designating amount of child support and when the child support will end.

\_\_\_\_\_ Copy of letter from the Social Security Administration stating previous benefits and current/expected benefits.

\_\_\_\_\_ Letter explaining changes.

| Expected Taxable Income          | Father | Mother | Student | Spouse |
|----------------------------------|--------|--------|---------|--------|
| Wages, salaries tips             |        |        |         |        |
| Severance Pay                    |        |        |         |        |
| Pensions and Annuities           |        |        |         |        |
| Interest and Dividend Inc        |        |        |         |        |
| Business/Farm Income             |        |        |         |        |
| Capital Gains                    |        |        |         |        |
| Alimony Received                 |        |        |         |        |
| Unemployment Compensation        |        |        |         |        |
| Other Taxable Income             |        |        |         |        |
| Total                            |        |        |         |        |
| Expected Untaxed Income          |        |        |         |        |
| Payments to tax deferred         |        |        |         |        |
| Pensions and savings plans       |        |        |         |        |
| Social Security Benefits         |        |        |         |        |
| Retirement/Disability Benefits   |        |        |         |        |
| Worker's Compensation            |        |        |         |        |
| Living Allowance Clergy/Military |        |        |         |        |
| Child Support Received           |        |        |         |        |
| Non-Education Veteran Benefits   |        |        |         |        |
| Other Untaxable Income           |        |        |         |        |
| Total                            |        |        |         |        |
| Other Considerations             |        |        |         |        |
| Child support paid               |        |        |         |        |
| 2008 work study earnings         |        |        |         |        |
| Americorp benefits               |        |        |         |        |
| Taxable Schol. And Grants        |        |        |         |        |
| Alimony Paid                     |        |        |         |        |
| Total                            |        |        |         |        |

I (We) certify that all information provided is true and accurate to the best of my knowledge. I (We) understand that if the actual income is greater than the estimated income, corrections may be made to my financial aid file and my aid may be reduced.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Student is Limited to One Submission Per Academic Year.***