2014 - 2015 Special Circumstance Request Form

Last Name

First Name

ID

Student Email

Parent Email (if student is dependent)

Sometimes financial situations cannot be adequately reported using only the FAFSA application. It is for those situations that the Office of Financial Aid is allowed (not required) to review additional documentation for consideration.

Such situations would include:

• Loss of employment beyond the student or parent’s control. Voluntary reductions will not be considered a special circumstance.
• One time payments due to extenuating circumstances (not to include gambling winnings or inheritances)
• Excessive medical expenses
• Separation, divorce, or loss of a parent after filing the FAFSA
• Changes to child support paid or received

To request a special circumstance consideration, you must:

1.) File the 2014-2015 FAFSA according to the instructions.
2.) Submit a VI-verification form and tax return transcript (or link to IRS) to verify original application.
3.) Submit all documentation supporting your request, along with a letter of explanation and a copy of your 2013 tax return.

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<tr>
<th>Loss or Reduction in Income</th>
<th>Supporting Documentation should include letter of termination.</th>
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<td>Year to Date Paystub(s)</td>
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<td>Unemployment Benefits or Denial Letter</td>
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<td>Most Recent Paystub from new position</td>
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<td>Letter or explanation for change in employment. 3rd party documentation if possible.</td>
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| Deduction of One Time Payment | Supporting Documentation should include 3rd verification of all facts pertaining to dispensation of funds. |

| Divorce                      | Supporting Documentation should include divorce decree or legal separation paperwork. |

| Extraordinary Medical Expenses | Supporting Documentation should include copies of outstanding medical/travel expenses after insurance payment. Adjustments cannot be made unless additional expenses exceed 7.5% of your AGI. |

The Financial Aid Administrator’s decision is final and cannot be appealed to the U.S. Department of Education.

- I certify that all the above information is true and correct to the best of my knowledge.
- I realize that if I do not provide documentation, this form will not be processed and no changes will be considered.
- I agree to provide additional information if asked by the Financial Aid Office.
- I understand that I must promptly report any changes in the information reported on this form and that such changes may impact my eligibility.
- I understand that false statements or misrepresentations will be cause for denial, reduction, or repayment of financial aid received.

Student Signature

Date

Parent Signature (if student is dependent)

Date