



Special Circumstances Request

Award Year: \_\_\_\_\_

Section A: Student Information	
Student Name (Last, First, MI)	Last 4 Digits of Social Security #

Check All That Apply

Requests submitted without appropriate documentation will not be considered.

All requests must include a separate statement explaining (in detail) the nature of the change in your situation. The statement must be written and signed by the person with the change, and include specific dates the change(s) occurred. Please include information on how you are supporting yourself if you are no longer employed (i.e., parent assistance, using student loans, etc). Please attach the statement to this form upon submission.

A. Significant Decrease in Income

(E.G. Unemployment, job change with significant reduction in salary, loss of child support, or social security benefits) for the following person(s):

- Student
- Spouse
- Parent 1/Mother (Step)
- Parent 2/Father (Step)

Required Documentation

Employment Change: If you (or your parent) is currently receiving unemployment benefits, provide proof of current unemployment benefits dated within the last 60 days. If no unemployment benefits, provide a copy of two most recent pay stubs showing current hours/rate AND a copy of a pay stub showing previous hours/rate or copy of previous year's federal tax and wage transcripts. If not receiving unemployment benefits, you must submit proof from your previous employer of your last date of employment.

B. Extraordinary Medical or Dental Expenses

Paid by the following person(s):

- Student
- Spouse
- Parent 1/Mother (Step)
- Parent 2/Father (Step)

Required Documentation

Copy of schedule A (if filed with IRS form 1040) OR an itemized list of medical and dental expenses paid and copies of receipts or cancelled checks for each expense listed.

I herby certify that all information contained in this request, including the personal statement and other documentation, is true and complete to the best of my knowledge. I understand that if I am found to have knowingly or intentionally given false statements or fraudulent documentation, my request will be denied and my eligibility for Federal Student Aid jeopardized.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

(if applicable)