

# 2019–20 Special Circumstances Request

Student Name \_\_\_\_\_ Last 4 digits of SSN \_\_\_\_\_

Submit this form and documentation to Financial Aid at the address below, email it to [financialaid@clarkssummitu.edu](mailto:financialaid@clarkssummitu.edu), or fax it to 570.585.9226.

## Documents required for all Special Circumstances requests:

- FAFSA verification worksheet: contact Financial Aid for the applicable worksheet.
- A written explanation of why you are requesting Special Circumstances.
- Additional documents listed below.

## Special Circumstances for Consideration: Please check all that apply.

| <i>Special Circumstance</i>  | <i>Description</i>  | <i>Required Documents</i>  |
|--|---|--|
| <input type="checkbox"/> Loss of income from work  | Loss of income is greater than 25% of 2017 annual income  | <ul style="list-style-type: none"> <li>■ Last pay stub showing year-to-date earnings</li> <li>■ Termination Letter</li> <li>■ Benefit notice from employment office</li> </ul>                 |
| <input type="checkbox"/> Loss of income from <ul style="list-style-type: none"> <li><input type="checkbox"/> Child Support</li> <li><input type="checkbox"/> Social Security</li> <li><input type="checkbox"/> Worker's Compensation</li> <li><input type="checkbox"/> Alimony</li> <li><input type="checkbox"/> Other untaxed income</li> </ul> | Loss of income is greater than 25% of 2017 annual income  | <ul style="list-style-type: none"> <li>■ Documentation from agency stating total amount received in 2017 and the termination date</li> <li>■ Documentation of 2019 update</li> </ul>           |
| <input type="checkbox"/> Legal separation or divorce   | Your parents (for dependents) or you (for independents) have separated or divorced AFTER filing the FAFSA | <ul style="list-style-type: none"> <li>■ Divorce decree or separation agreement</li> </ul>   |
| <input type="checkbox"/> Death of a parent/spouse  | A parent (for dependents) or your spouse (for independents) has died AFTER filing the FAFSA               | <ul style="list-style-type: none"> <li>■ Death certificate</li> </ul>  |
| <input type="checkbox"/> Medical/dental expense  | Medical expenses not covered by insurance in 2017 exceed 11% of total income for 2017                     | <ul style="list-style-type: none"> <li>■ Proof of payment of medical bills</li> <li>■ Letter from insurance company showing medical expenses not covered</li> </ul>                            |
| <input type="checkbox"/> One-time payment received   | A significant one-time lump sum payment was received in 2017  | <ul style="list-style-type: none"> <li>■ Document detailing payment amount, source, and reason</li> <li>■ Written statement explaining why the payment cannot be used for schooling</li> </ul> |
| <input type="checkbox"/> Parent seeking degree   | Must be enrolled at least ½ time and working on a degree higher than present status                       | <ul style="list-style-type: none"> <li>■ Document proving enrollment at post-secondary institution</li> </ul>  |
| <input type="checkbox"/> Marriage of student   | Students who get married during the academic year   | <ul style="list-style-type: none"> <li>■ Marriage certificate</li> <li>■ W-2's and 1040's provided by both students</li> </ul>   |



**Projected income from January 1, 2019 to December 31, 2019**

| <b>Source of Income</b>         | <b>Father/Stepfather<br/>(for Dependents)</b> | <b>Mother/Stepmother<br/>(for Dependents)</b> | <b>Student</b> | <b>Spouse<br/>(if Married)</b> |
|---------------------------------|---|---|----------------|--------------------------------|
| Wages, tips, salary             | \$  | \$  | \$             | \$                             |
| Interest and/or dividend income | \$  | \$  | \$             | \$                             |
| Business/farm income            | \$  | \$  | \$             | \$                             |
| Unemployment compensation       | \$  | \$  | \$             | \$                             |
| Worker's compensation           | \$  | \$  | \$             | \$                             |
| Pensions and/or annuities       | \$  | \$  | \$             | \$                             |
| Severance Pay                   | \$  | \$  | \$             | \$                             |
| Retirement benefits             | \$  | \$  | \$             | \$                             |
| Social Security/SSI benefits    | \$  | \$  | \$             | \$                             |
| Child Support                   | \$  | \$  | \$             | \$                             |
| Alimony                         | \$  | \$  | \$             | \$                             |
| Welfare benefits                | \$  | \$  | \$             | \$                             |
| Other: _____                    | \$  | \$  | \$             | \$                             |
| <b>Total of all income</b>      | \$  | \$  | \$             | \$                             |

**Statement of Certification**

I certify that all information on this form is complete and accurate to the best of my knowledge.

I understand that I may be asked to provide further documentation to substantiate the information provided and that failure to produce this documentation may result in the denial of special circumstances consideration.

I understand that all special circumstances are reviewed on a case-by-case basis and this written request does not guarantee approval and/or may not result in an actual change of the financial aid already offered.

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

Parent (required for dependent student) \_\_\_\_\_ Date \_\_\_\_\_

Spouse (required for a married student) \_\_\_\_\_ Date \_\_\_\_\_

