

# 2020–21 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 2018 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 2018 annual income	<ul style="list-style-type: none"> <li>■ Documentation from agency stating total amount received in 2018 and the termination date</li> <li>■ Documentation of 2020 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 2018 exceed 11% of total income for 2018	<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 2018	<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, 2020 to December 31, 2020**

<b>Source of Income</b>	<b>Father/Stepfather (for Dependents)</b>	<b>Mother/Stepmother (for Dependents)</b>	<b>Student</b>	<b>Spouse (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 \_\_\_\_\_

