



## SPECIAL FINANCIAL CONSIDERATION REQUEST FORM

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

The Free Application for Federal Student Aid (FAFSA) is the primary indicator of a student's level of need for financial assistance. However, the Financial Aid Office acknowledges that unforeseen circumstances occur and the FAFSA may not always be the best representation of the family's current financial situation.

To be considered for a special financial condition, the student must complete and return this form to the Financial Aid Office with all required documentation. Additionally, all students seeking special financial consideration will be required to complete verification. Verification is a process that ensures the accuracy of the current financial information that was provided through the FAFSA.

**Please note: completing this form does not guarantee a change in your financial aid package. Additional documentation may be requested by the Financial Aid office at any point in the consideration process.**

### TYPE OF SPECIAL CONDITION REQUEST (Please select all that apply):

\_\_\_\_\_ **Unemployment** (One or more of your parents has been unemployed during the calendar year 2017)

- Date of unemployment: \_\_\_\_\_
- Total projected unemployment income for 2017: \_\_\_\_\_  
(Please provide supporting documentation)

\_\_\_\_\_ **Reduction in Pay** (one or more of your parents anticipates earning less in 2017 than 2015)

- Parent 2015 earnings: \_\_\_\_\_
- Projected 2017 earnings: \_\_\_\_\_  
(Please provide W-2's or any other supporting documentation to confirm historical figures and support projected figures)

\_\_\_\_\_ **Disability** (One or more of your parents has become disabled since 2015)

- Date of disability: \_\_\_\_\_
- Total projected disability income for 2017: \_\_\_\_\_  
(Please provide supporting documentation)

\_\_\_\_\_ **One Time Income Increase**

- Date of payment: \_\_\_\_\_
- Source of income: \_\_\_\_\_
- Is income still available to pay toward educational expenses? \_\_\_\_\_  
(Please provide all supporting documentation)



\_\_\_\_\_ **Parental Divorce**

- Date of divorce: \_\_\_\_\_
- Which parent provides 50% or more of your direct financial support? \_\_\_\_\_  
(Please provide income documentation for parent providing 50% or more of direct financial support)

\_\_\_\_\_ **Parental Death** (one or more of your parents has passed away since 2015)

- Date of death: \_\_\_\_\_  
(Please provide income documentation for parent that has passed away)

\_\_\_\_\_ **Medical Expenses (Please note, exceptional medical expenses must total more than 11% of the 2015 AGI)**

- Date of first medical bill: \_\_\_\_\_
- Total medical expenses: \_\_\_\_\_  
(Please provide copies of all medical payments to be considered)

\_\_\_\_\_ **Change in Student Marital Status**

- Student was married on: \_\_\_\_\_
- Student was divorced on: \_\_\_\_\_  
(Please provide appropriate documentation based on marital change)

\_\_\_\_\_ **Other (Please be in contact with the Director of Financial Aid to discuss any other situations and determine necessary supporting documentation)**

By signing this form, I affirm that the information presented is true and correct, to the best of my knowledge. I give the Financial Aid Office permission to discuss this special condition with myself and the parent signing the form. I understand that additional documentation may be requested. I also understand that this special financial consideration may or may not result in a change in my financial aid package.

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Student Signature

Date

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Parent Printed Name

Parent Signature

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Student Phone Number

Student Email Address

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Student Email Address

Parent Email Address

\*Forms may be returned by mail, email or fax to the Financial Aid Office. The Director of Financial Aid will inform you of the outcome as soon as possible, upon receipt of all documentation.