

Student's Name: _____ **SSN:** _____

You indicated that you have special circumstances that will affect your ability to contribute toward your 2008-2009 education expenses. Please indicate below the circumstance(s) that apply to your situation. You must complete **both sides** of this form, and provide documentation of all changes in income or benefits. **All required documentation must be submitted with this properly completed form before a review can be done.**

IF YOUR EMPLOYMENT CHANGE IS DUE TO A VOLUNTARY RESIGNATION AND/OR REDUCTION OF HOURS, IT WILL NOT BE CONSIDERED UNDER SPECIAL CONDITIONS.

- A.** You had earnings from full-time employment (at least 35 hours per week) in 2007, but are not currently working or receiving any earnings from employment. The loss of employment **cannot** be voluntary/
- 1. Last date of full-time employment:** _____ **Date of return to work:** _____
 - 2. Please provide documentation (e.g. letter of termination, lay-off notice, company closing, etc.) explaining why you are no longer employed, and a copy of your final pay stub or earnings statement (this MUST show year-to-date income earned). Please also provide a copy of your Unemployment Benefits statement, showing the amount of benefits approved.**
- B.** Your spouse had earnings from full-time employment (at least 35 hours per week) in 2007, but is not currently working or receiving any earnings from employment. The loss of employment **cannot** be voluntary.
- 1. Last date of full-time employment:** _____ **Date of return to work:** _____
 - 2. Please provide documentation (e.g. letter of termination, lay-off notice, company closing, etc.) explaining why your spouse is no longer employed, and a copy of your spouse's final pay stub or earnings statement (this MUST show year-to-date income earned). Please also provide a copy of your spouse's Unemployment Benefits statement, showing the amount of benefits approved.**
- C.** You (or your spouse) had work income in 2007, but are now unable to earn income in 2008, as a result of either a disability or a natural disaster (e.g. flood, tornado, fire, etc.) that happened in 2007 or 2008. Provide the date that you (or your spouse) became unable to earn any income.
- 1. Date unable to work:** _____
 - 2. Please provide information to support your claim. If disabled, please provide a doctor's statement confirming disability, and the date of disability. Please also submit documentation of ALL disability benefits and/or workmen's compensation received.**
- D.** You (or your spouse) received **unemployment compensation** or some other untaxed income or benefit in 2007 and have now lost that income or benefit in 2008. The untaxed income or benefit can be from a public or private agency, from a company, or from a person because of a court order. Do not include loss of veteran's educational benefits. Examples of untaxed income include Social Security benefits, child support, alimony, retirement or disability payments, and welfare benefits (such as TANF).
- 1. Type of benefit lost:** _____ **Date lost:** _____
 - 2. Please provide documentation of loss of income or benefit(s). If any benefits were received in 2008 before being discontinued, please document the amount of benefits received in 2008.**
- E.** You have applied for financial aid for the 2008-2009 award year, and since then you and your spouse have become separated or divorced.
- 1. Date of separation or divorce:** _____
 - 2. Please provide a copy of the separation agreement, or documentation of separate households (e.g. separate leases, different mailing addresses), or official divorce decree, and a copy of your 2007 federal tax return (1040 form) with all W-2 forms included.**
- F.** You have applied for financial aid for the 2008-2009 award year, and since then your spouse has died.
- 1. Date of death:** _____
 - 2. Please provide a copy of the death certificate. Please also submit information on ALL death benefits and/or life insurance proceeds received, and a copy of your 2007 federal tax return (1040 form) with all W-2 forms included.**
- G.** You have had within the current or previous year, unusual circumstances that affected the income and/or assets in your household. Examples of special circumstances include medical or dental expenses **paid (not amounts due)** which were not covered by insurance, involuntary reduction of income and/or benefits (e.g. work hours reduced by employer), and unusually high child care expenses (e.g. special education needs).
- 1. Description of special circumstance:** _____
 - 2. Please provide documentation to support your claim of a special circumstance.**

