2019-20 REQUEST FOR CONSIDERATION OF SPECIAL CIRCUMSTANCES

In cases where 2018-2019 family income is expected to be substantially less than 2017 family income, or if you have special circumstances we should take under advisement, you may request a review of family contribution and financial aid eligibility. Complete and return this form to the Financial Aid Office with documentation to support your request.

Student Name: ______________________ Phone #: (_____)___________ Soc. Security #_______________(Required)

Address: _____________________________________________________________________________________________

Street
Apt
City                          State
Zip

Reasons for review of financial aid eligibility: Check condition and circle the person for whom it applies:

☐ You/Your Spouse/Your Parent(s) were/was employed in 2017 but are/is now unemployed or under employed. Required Documentation: Statement on company letterhead from employer which specifies your last date of employment and/or date(s) of reduced hours; signed copy of 2018 federal income tax return with attached W-2 forms; last pay stub; verification of unemployment benefits.

☐ You/Your Spouse/Your Parent(s) earned money in 2017, but have/has been unable to pursue normal income-producing activities during 2018 due to a disability. Required Documentation: Physician’s statement; signed copy of 2018 federal income tax return with attached W-2 forms; last pay stub.

☐ You/Your Spouse/Your Parent(s) received unemployment compensation or other reported income in 2017 and have/ has had a loss/reduction of these benefits in 2018. Required Documentation: Letter of explanation from source of benefit; wage transcript; signed copy of 2018 federal income tax return with attached W-2 forms (if unemployment benefits received).

☐ You/Your Parents have become separated or divorced after you submitted your application for Federal Student Financial Aid. Date of Separation or Divorce: _____/_____/_____ Required Documentation: Copy of divorce or legal separation documents; if unavailable, obtain a letter from an attorney, minister, or other responsible third party (non-relative) describing situation and date of divorce or separation.

☐ Your Spouse/Your Parent whose 2017 income was reported on your application for Federal Student Aid has died since you submitted your application. Date of Death: _____/_____/_____ Required Documentation: Death Certificate.

☐ Dependent Student only: Your last surviving parent, with whom you had a dependency relationship, has died after you submitted your Federal Student Financial Aid Application. Date of Death: _____/_____/_____ Required Documentation: Death Certificate.

☐ Other: Please explain briefly and concisely those circumstances to be considered when reviewing your financial aid eligibility. Examples include: high unreimbursed medical expenses, nursing home expenses, etc. Please submit proof of these circumstances with this form.

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

______________________________
### Student/Spouse/Parent(s) Expected 2018 Income:

_Do not leave any items blank. Report total yearly figures (not monthly)._

<table>
<thead>
<tr>
<th></th>
<th>Student &amp; Spouse</th>
<th>Parent(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018/2019 Expected Work Income by student/father:</td>
<td>$______________</td>
<td>$______________</td>
</tr>
<tr>
<td>2018/2019 Other Taxable Income (e.g. unemployment benefits):</td>
<td>$______________</td>
<td>$______________</td>
</tr>
<tr>
<td>2018/2019 Other Non-Taxable Income (e.g. child support):</td>
<td>$______________</td>
<td>$______________</td>
</tr>
<tr>
<td><strong>Total Expected 2018/2019 Income</strong></td>
<td>$______________</td>
<td>$______________</td>
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</tbody>
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I understand that if I purposely give false or misleading information in connection with my application for Federal Student Aid, I may be subject to a fine of up to $20,000, sent to prison, or both. I also understand that if the income estimates provided above are substantially different from what is actually earned for that year, I will lose my ability to request any future adjustments in subsequent application years.

____________________________________  _________________
Student Signature  Date

____________________________________  _________________
Spouse/Parent Signature  Date

Note: For additional information or questions, please call Rachel Cavenaugh at 910-362-7317 for an appointment.

For Office Use Only

_____ Approved  Recalculated EFC: _____  ISIR Reprocessed: ____/____/____

Calculated taxes paid: _________________________________________________________

Data elements and amounts to be adjusted: _________________________________________

___________________________________________________________

_____ Denied  Reason: ___________________________________________________________

I hereby use my professional judgment to **adjust/not adjust** this student’s expected family contribution.

____________________________________  _________________
Financial Aid Officer  Date

Revised: 6/29/17