

Special Circumstances Evaluation Request Dependent Student Application



Student Name _____

Student ID # _____ E-mail Address _____

This form may be used for the 2009-2010 school year if your parents' or your financial situation has recently changed for the worse because of: (A) Loss of job or benefits, (B) Separation or divorce, (C) Death or (D) Other Hardship.

Please check the following circumstances which best describes your parents' or your own change in financial situation. You must meet at least one of the circumstances to be eligible for a Special Circumstances Evaluation.

- A parent who earned money in 2008 has lost his/her job for at least 10 weeks. Write in the number of weeks in 2009 that your parent has already been out of work and the beginning date. This must be at least 10 weeks.

_____ Weeks worked in 2009 _____ Hours per week

- A parent who earned money in 2008 has not been able (for at least 10 weeks in 2009) to earn money in the usual way. This must be the result of either a disability or a natural disaster that happened in 2008 or 2009. Write in the number of weeks so far in 2009 that your parent has been unable to earn money in the usual way and the beginning date. This must be at least 10 weeks.

_____ Weeks in 2009 Beginning Date _____

- A parent received unemployment compensation or some untaxed income or benefit in 2008, but has completely lost that income or benefit for at least 10 weeks in 2009. The untaxed income or benefit must be from a public or private agency, from a company or from a person because of a court order. (Do not include loss of veterans educational benefits). Untaxed income and benefits include things like social security benefits or court-ordered child support.

_____ Weeks in 2009 Beginning Date _____

- You have already applied for Federal student aid and, since that time, your parents have separated or divorced. Write in the date of your parents' separation or divorce _____.

- You have already applied for Federal student aid and, since that time, a parent has died. Write in the date that your parent died _____.

- You were working at least 35 hours a week in 2008 for at least 30 weeks and you have been unemployed for at least 10 weeks in 2009.*

_____ Weeks in 2009 Date that you last worked _____

- Other: If you do not meet one of the circumstances listed above and you feel that you have an economical hardship, please explain your situation. _____

(continued on reverse)

Special Circumstances Dependent Student Application (continued)

REQUIRED: Please provide an explanation regarding the item you checked on the previous page. Attach additional information as needed.

Before an adjustment can be made to your status, you must provide complete information for the year 2009, regarding your estimates of the change in financial situation for your parents and/or for you. Please provide the best possible estimates for the period of January 1, 2009 to December 31, 2009. Additional documentation will be required. Provide copies of the latest check stub(s), W-2's, and/or letter from employers or agencies.

What do your parents and/or you expect their/your income and expenses to be in 2009?

	FATHER		MOTHER		TOTAL	YOU*
Estimated 2009 Total Taxable Income <small>(Wages, unemployment benefits, interests income, etc.)</small>	\$ _____	+	\$ _____	=	\$ _____	\$ _____
Estimated 2009 Untaxed Income & Benefits <small>(Social Security benefits)</small>	\$ _____	+	\$ _____	=	\$ _____	\$ _____
TANF	\$ _____	+	\$ _____	=	\$ _____	\$ _____
Other Untaxed Income and Benefits	\$ _____	+	\$ _____	=	\$ _____	\$ _____
Estimated 2009 Medical/Dental Expenses <small>(Not paid by insurance)</small>	\$ _____	+	\$ _____	=	\$ _____	\$ _____

Complete information for you, only if item with "" on page one was checked.

CERTIFICATION: All of the information on this form is true and complete to the best of our knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that this proof may include a copy of my U.S. income tax return. I also realize that if I do not give proof when asked, the student's SAR may not be processed for financial aid and monies received will be owed to the student aid programs.

Student's Signature _____ Date _____

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

financial aid office use only

Professional judgment adjustments were made and recalculation of EFC was requested.
 No adjustments made. Did not qualify, meet any of the circumstances or complete the application with supporting documentation.

Comments: _____

Financial Aid Representative's Signature _____ Date _____

For Office Use Only: CRI Code: **FAC09SCF** Date Entered: _____ Initials: _____ Date Scanned: _____ Initials: _____