

Special Circumstances Evaluation Request

Independent Student Application



Student Name _____

Student ID# _____ E-mail Address _____

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

Please check the following circumstance which best describes the change in your (or your spouse's) financial situation. If you do not meet at least one of the circumstances, you are not eligible for a Special Circumstances Evaluation.

- You worked full-time (at least 35 hours a week) for at least 30 weeks in 2008, but you are not working full-time now. Write in the number of weeks in 2009 that you worked full-time and number of hours per week that you worked during this time. Give information only about yourself, not about your spouse.

_____ Weeks worked in 2009 _____ Hours per week

- Your spouse, who earned money in 2008, has lost his/her job for at least 10 weeks in 2009. Write in only the number of weeks in 2009 that your spouse already has been out of work and the beginning date. This must be at least 10 weeks. Don't give information about yourself here.

_____ Weeks in 2009 Beginning Date _____

- You (or your spouse) earned money in 2008, but have been unable (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 only the number of weeks so far in 2009 that you (or your spouse) have 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 _____

- You (or your spouse) received unemployment compensation or some untaxed income or benefit in 2008, but have 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. (Don't include loss of veterans educational benefits.) Untaxed income and benefits include things like social security benefits, court-ordered child support, untaxed retirement or disability benefits, welfare benefits, etc. Write in only the number of weeks so far in 2009 that you (or your spouse) have not received the income or benefit. This must be at least 10 weeks.

_____ Weeks in 2009 Beginning Date _____

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

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

- 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 Independent 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 you, and/or you and your spouse. 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 W-2's, and/or letters from employers or agencies.

What do you/you and your spouse expect your income and expenses to be in 2009?

	YOU	SPOUSE	=	TOTAL
Estimated 2009 Total Taxable Income <small>(wages, unemployment benefits, interest income, etc)</small>	\$ _____	+	\$ _____	\$ _____
Estimated 2009 Untaxed Income and Benefits <small>(Social Security benefits TANF & other untaxed income and benefits)</small>	\$ _____	+	\$ _____	\$ _____
Estimated 2009 Medical/Dental Expenses <small>(not paid by insurance)</small>	\$ _____	+	\$ _____	\$ _____

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 _____

Spouse'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: _____