2015-2016 APPLICATION FOR SPECIAL CIRCUMSTANCES

PLEASE PRINT STUDENT NAME HERE __________________________________________

Special Circumstances can be considered if the 2014 income reported on the FAFSA is not an actual representation of income earned due to medical expenses or other extenuating circumstances, OR if 2015 income is expected to be much less due to job loss, medical expenses, or other extenuating circumstances.

Please attach a letter and describe in detail the circumstances that have occurred that resulted in a decrease in income. Please be as specific as possible. You must provide supporting documentation to verify your claim. This can include, but is not limited to copies of - tax returns, most recent paystubs, medical bills not covered by insurance, termination letter, unemployment benefits, etc.

If your 2015 income is expected to be lower than 2014, complete this section:

STUDENT INFORMATION:

Estimated 2015 adjusted gross income: $____________________

Estimated 2015 wages: $____________________

Estimated 2015 Untaxed Income: $____________________

Estimated 2015 Medical Expenses (IF ANY) (not covered by insurance) $____________________

PARENT INFORMATION:

Estimated 2015 adjusted gross income: $____________________

Estimated 2015 wages: $____________________

Estimated 2015 Untaxed Income: $____________________

Estimated 2015 Medical Expenses (IF ANY) (not covered by insurance) $____________________

COMPLETION OF THIS FORM IN NO WAY GUARANTEES AN ADJUSTMENT/INCREASE IN FUNDS. ALL INFORMATION IS KEPT CONFIDENTIAL.

By signing below, you certify that all the information on this form is true and complete to the best of your knowledge.

____________________________________  ______________  ______________________
Student Signature Date Parent Signature Date