

**SPECIAL CONSIDERATION REQUEST – INDEPENDENT STUDENT  
2014-2015**

This form is used to request special consideration based on significant changes to your financial circumstances as reported on the 2014-2015 FAFSA. Please read the listed categories and check the one most applicable to you. You must explain your circumstances in detail on this form and attach documentation confirming the situation. **If the explanation and required documentation are not provided, the request will be denied.**

STUDENT NAME: \_\_\_\_\_ Student ID: \_\_\_\_\_  
 SPOUSE NAME: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ Phone: \_\_\_\_\_

**BASIS FOR APPEAL:** (Check all that apply and explain circumstances on reverse side)

- \_\_\_\_ A You or your spouse has lost his/her job.  
 Name of the person out of work \_\_\_\_\_  
 Last date of employment \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Attach documentation (i.e. a letter from the former employer) explaining why you are no longer employed full-time and a copy of your and your spouse's most recent pay stub(s). Indicate on the pay stub(s) how often you and your spouse are paid (i.e. weekly, bi-weekly, monthly).
- \_\_\_\_ B. You or your spouse can no longer work due to a disability.  
 Name of the person with the disability \_\_\_\_\_  
 Last date of employment \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Attach copy of last pay stub and documented proof of disability.
- \_\_\_\_ C You or your spouse received unemployment compensation or other untaxed income, but that income has since been terminated. Date income was terminated: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Provide third party documentation that includes date when benefit was terminated.
- \_\_\_\_ D After applying for financial aid you and your spouse were separated or divorced.  
 Date of separation or divorce: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Attach a copy of the divorce decree if divorced or documentation of separate households (i.e., copies of separate leases) if separated.
- \_\_\_\_ E You have applied for financial aid for 2014-15, and since that time your spouse has died.  
 Date of death \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Attach a copy of the death certificate.
- \_\_\_\_ F High medical expenses (exceeds 7.5% of 2013 total income). These payments have not been, and will not be, reimbursed by insurance.  
 Amount of payments \$ \_\_\_\_\_  
 Attach Schedule A of 2013 Federal Income Tax Return, Form 1040, and photocopies of payments made, or payment agreement entered into with the health provider.
- \_\_\_\_ G Other, please specify: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SEE REVERSE SIDE**

**Required Documentation:** The documentation you attach should support your income estimates and should include, but are not limited to documents such as pay stubs, verification of unemployment compensation, worker's compensation, social security benefits, etc. If your appeal is due to a medical reason, please attach a doctor's statement. You may be asked to provide copies of pertinent medical bills. For loss of employment, attach a letter from the previous employer (on company letterhead) confirming the loss of employment and the date employment ended.

**ESTIMATE ANNUAL INCOME FOR THE 2014 CALENDAR YEAR:**

List all income or benefits you expect to receive between January 1, 2014 and December 31, 2014. If a type of assistance does not apply to you, put \$0 on the line. **DO NOT LEAVE ANY BLANKS.** Report TOTAL amount expected for 2014. **DO NOT report monthly amounts.**

- 1. Expected earnings in 2014:
    - a. Yourself: \$ \_\_\_\_\_
    - b. Spouse: \$ \_\_\_\_\_
  - 2. Unemployment compensation: \$ \_\_\_\_\_
  - 3. Untaxed pensions/annuities: \$ \_\_\_\_\_
  - 4. Child support received for all children: \$ \_\_\_\_\_
  - 5. Untaxed retirement or disability benefits: \$ \_\_\_\_\_
  - 6. Worker's compensation: \$ \_\_\_\_\_
  - 7. Veterans benefits (non-educational): \$ \_\_\_\_\_
  - 8. Housing, other allowances (i.e. clergy, military) \$ \_\_\_\_\_
  - 9. Other (i.e. interest income): \$ \_\_\_\_\_
- Total 2014 Family Income:** \$ \_\_\_\_\_
- Child Support Paid: \$ \_\_\_\_\_

**EXPLANATION OF CIRCUMSTANCES:** (Attach additional paper as necessary):

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**DOCUMENTATION AND CERTIFICATION**

Attach a **signed** photocopy of your and your spouse's 2013 **federal** tax transcript, include all W-2's and schedules.

To the best of my knowledge, all of the information on this form is true and complete. If asked by the Financial Aid Office, I agree to provide additional proof of the information given on this form. If this form is incomplete or lacks the required documentation, no action will be taken.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Return your completed form to the financial aid office at the campus you attend