

<p style="text-align: center;">CHECK HERE FIRST FOR: Special Circumstance Consideration</p>
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Under the following circumstances, the Financial Aid Office may be able to make financial aid eligibility adjustments using professional judgment:

- Unemployment/Loss of Income
- Medical Expenses not covered by insurance
- Unusual one time income increase

If you are experiencing any of these conditions within the current or prior year, let your financial aid counselor know. Complete the **Special Circumstances Worksheet** on the back of this information sheet. You must attach all appropriate documentation to the worksheet. If your counselor needs any additional information, he/she will contact you. They will then use the information you provided to determine if you qualify for additional federal student aid. If you are eligible to receive additional federal funds (such as Federal Pell Grant) you will receive a revised award letter.

We will not consider any of the following items as special circumstances:

Credit Card Debt
Car Loans, Repairs, Insurance
Private School Tuition
Private Lessons
Self-employment Taxes
Legal Expenses
Previous College Expenses
Medical Expenses Covered by Insurance
Current other College Expenses
Debt Repayment Plans

Special Circumstances Worksheet

Student's Name _____ SSN _____

Please provide answers to the questions checked below. This information will be used to calculate your estimated 2008 income and/or medical expenses not covered by insurance. We will use this information to determine whether you are eligible to receive additional financial assistance due to the special circumstances you have indicated.

Date of change of circumstances: _____ Brief explanation of circumstances:

Wages earned in 2008 : Father _____ Mother _____

(attach most recent pay stub) Student _____ Spouse _____

Unemployment benefits: \$ _____ per week(s) for _____ weeks

Other income/benefits: Name _____ \$ _____ per _____

Week(s) for _____ weeks beginning _____ and ending _____ (**attach documentation**)

Medical expenses not covered by insurance: Provide copies of **all** medical bills and all insurance statements related to the special circumstance outlines above.

Certification: (all individuals providing information on this form must sign the statement below.)

To the best of my/our knowledge, all information provided is true and accurate as of this date.

Father _____ Date _____ Mother _____ Date _____

Student _____ Date _____ Spouse _____ Date _____

You may be contacted for additional information. Please feel free to provide other information now.