

Office of Financial Aid

**2016-2017 SPECIAL CIRCUMSTANCE APPLICATION  
PARENTS OF DEPENDENT STUDENTS**

Student Name: \_\_\_\_\_

SSN or Student ID: \_\_\_\_\_

Sometimes families experience special circumstances, which affect their ability to finance a college education. If you anticipate your parent's income for 2016 to be reduced significantly from 2015 because of unusual circumstances such as a loss or reduction in income or a change in marital status, you may appeal to the Financial Aid Office to use your parent's 2016 actual and/or estimated income in determining your financial aid eligibility. We may also be able to consider other circumstances that have adversely affected their prior income.

**INSTRUCTIONS: THIS APPEAL FORM HAS TWO PARTS – PART I IS FOR REDUCTION IN INCOME AND PART II IS FOR OTHER SPECIAL CIRCUMSTANCES. PLEASE COMPLETE THE PART(S) THAT PERTAIN(S) TO YOUR PARENT(S).**

1. Please provide a neatly written or typed, detailed statement describing your special circumstances. Be sure to include any information that is requested on the following pages.
2. Attach a signed copy of your and your parent's **2015 Federal Tax Return Transcripts** from the IRS (call 1-800-908-9946 to request a copy). Copies of Federal 1040's are no longer acceptable documentation.
3. Attach a copy of your and your parent's 2015 W-2 Form(s).
4. Attach a copy of your and your parent's most recent pay stub for 2016.
5. Check the statement(s) that best describes your situation on the following pages.
6. If you have not filed a FAFSA for the 2016-2017 academic year, and your special circumstances is a death, separation, or divorce that has already occurred, do not complete this special circumstances application. Read the FAFSA instructions for guidance on the proper completion of the FAFSA. Contact the Student Service Center if you have any questions 440-646-8309.
7. When you have completed this application, return it and all requested documentation to: Ursuline College, Student Service Center, 2550 Lander Road, Pepper Pike, Ohio 44124.

**PART I - CHANGE IN INCOME - Read the descriptions; check all that apply to your parent(s).**

\_\_\_\_\_ My parent(s) who earned income in 2015 has lost his/her job in 2016.

My father/stepfather has been unemployed since \_\_\_\_\_.  
mm/dd/yy

My mother/stepmother has been unemployed since \_\_\_\_\_.  
mm/dd/yy

Attach all documentation verifying separation from employment

\_\_\_\_\_ My parent(s) earned income in 2015, but has not been able to earn money in his/her usual way in 2016 because of a disability that happened in 2015 or 2016.

My father/stepfather has been disabled since \_\_\_\_\_.  
mm/dd/yy

My mother/stepmother has been disabled since \_\_\_\_\_.  
mm/dd/yy

Attach all documentation verifying disability benefits received.

\_\_\_\_\_ My parent(s) worked full-time in 2015, but he/she is not working full-time now.

My father/stepfather worked \_\_\_\_\_ hours per week for \_\_\_\_\_ weeks in 2015 and

has reduced his work schedule to \_\_\_\_\_ hours per week since \_\_\_\_\_.  
mm/dd/yy

My mother/stepmother worked \_\_\_\_\_ hours per week for \_\_\_\_\_ weeks in 2015 and

has reduced her work schedule to \_\_\_\_\_ hours per week since \_\_\_\_\_.  
mm/dd/yy

Attach all documentation verifying a reduction in hours.

**Office of Financial Aid**

**Student Name:** \_\_\_\_\_ **SSN or Student ID:** \_\_\_\_\_

\_\_\_\_\_ My parent(s) received unemployment compensation, untaxed income, or benefit(s) in 2015, but has **completely lost that benefit(s)** in 2016. The untaxed income or benefit(s) must be from a public or private agency, from a company, or from a person because of a court order. (Do not include the loss of Veteran’s Educational Benefits.)

Type of benefit(s) my father/mother received in 2015 was: \_\_\_\_\_.

My father/stepfather has **completely** lost this/these benefit(s) since \_\_\_\_\_.  
mm/dd/yy

My mother/stepmother has **completely** lost this/these benefit(s) since \_\_\_\_\_.  
mm/dd/yy

Attach all documentation verifying loss of benefits.

\_\_\_\_\_ I have already applied for federal student aid, and since that time, my parents have separated or divorced.

My parents have been separated or divorced since \_\_\_\_\_.  
mm/dd/yy

I am dependent more on my \_\_\_\_\_ Father \_\_\_\_\_ Mother for financial support.  
(CHECK ONE)

Attach a copy of custodial parent’s 2015 W-2 Form..

\_\_\_\_\_ I have already applied for federal student aid, and since that time, one or both of my parent(s) have passed away.

My father passed away on \_\_\_\_\_.  
mm/dd/yy

My mother passed away on \_\_\_\_\_.  
mm/dd/yy

Attach a copy of surviving parent’s or guardian’s 2015 W-2 Form.

**PART II – OTHER UNUSUAL CIRCUMSTANCES -** Read the descriptions; check all that apply.

\_\_\_\_\_ My parent(s) have incurred unusually high “out-of-pocket/non-reimbursed” medical expenses in 2015 or 2016 totaling \$\_\_\_\_\_. (You must attach documentation of all non-reimbursed medical expenses.)

\_\_\_\_\_ My parent(s) have incurred elementary or secondary school tuition expenses for their legal dependents in 2015 or 2016 totaling \$\_\_\_\_\_. (You must attach documentation of all tuition expenses paid.)

\_\_\_\_\_ We have other unusual circumstances described on the attached statement. (Include all appropriate documentation.)

**EVERYONE MUST COMPLETE THE FOLLOWING SECTIONS**

**HOUSEHOLD INFORMATION:** List the people in your parents’ household, include:

- Yourself and your parent(s), including stepparent even if you don’t live with your parents, and
- Your parents’ other children, even if they don’t live with your parent(s), if your parents will provide more than half of their support from July 1, 2016 through June 30, 2017, or the children would be required to provide parental information when applying for Federal Financial Aid, and
- Other people if they now live with your parents, and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2016 through June 30, 2017.

Write the names of all household members in the chart below. Also, write in the name of the college for any household member, excluding your parent(s), who will be attending college at least half time between July 1, 2016 and June 30, 2017, and will be enrolled in a degree, diploma, or certificate program. If you need more spaces, attach a separate page.



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# Office of Financial Aid

Student Name: \_\_\_\_\_ SSN or Student ID: \_\_\_\_\_

Full Name	Age	Relationship	College/University
		Self	

## ESTIMATE OF 2016 INCOME

Provide the **BEST** estimate of your parents' income from all sources for the period of January 1, 2016 through December 31, 2016. You must answer each of the following lines. Report "0" if nothing is received. Be sure to list figures that encompass the entire 2016 calendar year – it may be necessary to project or estimate a portion of this income.

### ESTIMATE 2016 TAXABLE INCOME:

### 12 – MONTH FIGURES

- Wages, salaries, and tips earned by father/stepfather (gross income). \_\_\_\_\_
- Wages, salaries, and tips earned by mother/stepmother (gross income). \_\_\_\_\_
- Unemployment benefits. \_\_\_\_\_
- Interest/dividend income, capital gains. \_\_\_\_\_
- Alimony. \_\_\_\_\_
- Any other taxable income received. (Please list.) \_\_\_\_\_

### ESTIMATED 2016 UNTAXABLE INCOME:

- Social Security Benefits (including Supplemental Security Income). \_\_\_\_\_
- Aid to Family with Dependent Children (AFDC or ADC). \_\_\_\_\_
- Child Support received for all children. \_\_\_\_\_
- Worker's Compensation. \_\_\_\_\_
- Any other untaxable income received. (Please list.) \_\_\_\_\_

### ASSETS:

- Cash, savings, and checking. \_\_\_\_\_
- Net worth of current investments. \_\_\_\_\_
- Net worth of current business and/or investment farm. \_\_\_\_\_

### INCOME EXCLUSIONS:

- Child support paid. \_\_\_\_\_
- Federal work-study earned in 2015. \_\_\_\_\_

### SIGNATURES:

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**REMINDER: ATTACH A SIGNED COPY OF YOUR AND YOUR PARENTS' 2015 FEDERAL TAX RETURN TRANSCRIPTS(S), AS WELL AS ANY OTHER DOCUMENTAION THAT MAY HELP TO SUBSTANTIATE YOUR CLAIM. SEE INSTRUCTIONS.**

**RETURN FORM TO:** Student Service Center, Ursuline College, 2550 Lander Road, Pepper Pike, Ohio 44124