

**2016-2017 SPECIAL CIRCUMSTANCE APPLICATION
INDEPENDENT STUDENTS**

Student's Name _____

SSN or Student ID: _____

Sometimes families experience special circumstances, which affect their ability to finance a college education. If you anticipate your 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 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 you and your family's 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 THAT PERTAINS TO YOU AND YOUR FAMILY.

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 spouse'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 spouse's 2015 W-2 Form(s).
4. Attach a copy of your and your spouse'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 you and/or your spouse.

_____ I and/or my spouse earned income in 2015 have lost my/their job in 2016.

I have been unemployed since _____.
mm/dd/yy

My spouse has been unemployed since _____.
mm/dd/yy

Attach all documentation verifying separation from employment

_____ I and/or my spouse earned income in 2015, but have not been able to earn money in my/their usual way in 2016 because of a disability that happened in 2015 or 2016.

I have been disabled since _____.
mm/dd/yy

My spouse has been disabled since _____.
mm/dd/yy

Attach all documentation verifying disability benefits received.

_____ I and/or my spouse worked full-time in 2015, but not working full-time now.

I worked _____ hours per week for _____ weeks in 2015 and

have reduced my work schedule to _____ hours per week since _____.
mm/dd/yy

My spouse worked _____ hours per week for _____ weeks in 2015 and

has reduced their 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: _____

_____ I and/or my spouse received unemployment compensation, untaxed income, or benefit(s) in 2015, but have **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) I and/or my spouse received in 2015 was: _____.

I have **completely** lost this/these benefit(s) since _____.

mm/dd/yy

My spouse 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, I have separated or divorced.

I have been separated or divorced since _____.

mm/dd/yy

Attach a copy of your 2015 W-2 Form.

_____ I have already applied for federal student aid, and since that time, my spouse has passed away.

My spouse passed away on _____.

mm/dd/yy

Attach a copy of your 2015 W-2 Form.

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

_____ I and/or my spouse 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.)

_____ I and/or my spouse 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 household, include:

- Yourself and your spouse if you have one, and
- Your children, even if they don’t live with you, if you will provide more than half of their support from July 1, 2016 through June 30, 2017 and
- Other people if they now live with you and you 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. Also, write in the name of the college for any household member 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.

Full Name	Age	Relationship	College/University
		Self	



VALUES·VOICE·VISION

Office of Financial Aid

Student Name: _____ SSN or Student ID: _____

ESTIMATE OF 2016 INCOME

Provide the **BEST** estimate of you and/or spouses' 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

- 1. Wages, salaries, and tips earned by me, the student (gross income). _____
- 2. Wages, salaries, and tips earned by student's spouse (gross income). _____
- 3. Unemployment benefits. _____
- 4. Interest/dividend income, capital gains. _____
- 5. Alimony. _____
- 6. Any other taxable income received. (Please list.) _____

ESTIMATED 2016 UNTAXABLE INCOME:

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

ASSETS:

- 1. Cash, savings, and checking. _____
- 2. Net worth of current investments. _____
- 3. Net worth of current business and/or investment farm. _____

INCOME EXCLUSIONS:

- 1. Child support paid. _____
- 2. Federal work-study earned in 2015. _____

SIGNATURES:

Student's Signature _____

Date _____

Spouse's Signature _____

Date _____

REMINDER: ATTACH A SIGNED COPY OF YOUR AND YOUR SPOUSE'S 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