

**2017-2018 SPECIAL CIRCUMSTANCE APPLICATION  
PARENTS OF DEPENDENT STUDENTS**

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

At Ursuline, we know that a college education is one of the best investments one can make, and financing a college education is an important concern for nearly every student. Sometimes families experience special circumstances, which affect their ability to finance a college education that has not been captured or accurately reflected through the federal financial aid application process.

The federal aid formula used to determine need now uses tax information from two years' prior to measure need. We understand this assessment can increase the possibility of significant changes to family situations because of the year lag time.

We ask that you complete this form, and attach appropriate documentation and details about the nature of your special circumstance so that we may best understand and act upon your request. We can then determine if updating your FAFSA application with this new information will impact aid eligibility, allowing adjustments to your federal and/or state financial aid. **Please note:** *We cannot respond to anticipated changes, wait until the changes occur before submitting. Your request may not result in an increase of your financial aid eligibility. Decisions are final and further appeals will be reviewed only if new information or circumstances arise.*

**The following documents are required to be submitted before your appeal will be reviewed. Do not submit your appeal until you have all required documents.**

- Detailed explanation of your situation with documentation**
- 2015 IRS Tax Return Transcript(s) for Student and Parent(s)** *(if data retrieval not used on FAFSA)*
- All additional required documentation listed for your circumstances**

- One-time Income Payment:** *You or your parent(s) received a one-time income payment in 2015 (may include pension or IRA distribution, inheritance, or bonus.)*

Additional required documentation:

- 1.) Documentation of one-time payment
- 2.) Explanation of why one-time payment is not available for educational purposes

\*Consumer debt cannot be considered when determining a family's ability to contribute to a student's education

- Loss of Untaxed/Taxable income:** *Child Support, Alimony, Workers Compensations, or other*

List benefit or Untaxable/Taxable income source: \_\_\_\_\_

Date of Benefit or Income Loss: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount received for 2015 \$\_\_\_\_\_

Additional required documentation:

Termination letter from provider/agency.

- Separation/Divorce:** Date of Separation/Divorce: \_\_\_\_/\_\_\_\_/\_\_\_\_

Additional required documentation:

- 1.) Separation or divorce papers
- 2.) All 2015 W-2's for both parents

**Death of parent(s)**

Name of Deceased: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Student: \_\_\_\_\_

Additional required documentation:

- 1.) Proof of death
- 2.) All 2015 W-2 for parent(s)

**Private School Tuition paid for legal dependents**

Elementary/Secondary school tuition expense totaling \$\_\_\_\_\_ for 2015 tax year

Name of child/children: \_\_\_\_\_

Additional required documentation:

A statement on school letterhead, indicating the amount paid minus scholarships/tuition assistance.

**Excessive Medical or Dental Payments:** *Payments must be those unreimbursed, do not include tax-exempt insurance premiums or expenses paid by medical saving through payroll deductions.*

Additional required documentation:

- 1.) Copy of Schedule A from 2015 Federal Tax Return and/or
- 2.) Proof of medical expenses paid from medical provider, not covered by insurance company

**Loss of Employment:** *Only if 2017 income will be substantially lower than 2015 income*

(check one) \_\_\_ Mother \_\_\_ Father \_\_\_ Student      Date of Loss: \_\_\_\_/\_\_\_\_/\_\_\_\_

Additional required documentation:

- 1.) A letter on letterhead from previous employer indicating last day worked
- 2.) Last paystub showing year to date earnings or letter from employer indicating year to date earnings
- 3.) Unemployment Benefits Determination Statement
- 4.) Most current paystub, if employed

**Other unusual circumstances**

Additional required documentation:

- 1.) Detailed statement explaining circumstances
- 2.) Supporting 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, 2017 through June 30, 2018, 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 parent(s), and your parent(s) provide more than half of their support and will continue to provide more than half of their support from July 1, 2017 through June 30, 2018.

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, 2017 and June 30, 2018, 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	

**ESTIMATE OF 2017 INCOME**

Provide the BEST estimate of your parents' income from all sources for the period of January 1, 2017 through December 31, 2017. You must answer each of the following lines. Report "0" if nothing is received. Be sure to list figures that encompass the entire 2017 calendar year – it may be necessary to project or estimate a portion of this income.

**ESTIMATE 2017 TAXABLE INCOME:**

**12 – MONTH FIGURES**

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

**ESTIMATED 2017 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. \_\_\_\_\_

**Certification:**

I affirm that the data contained on this form and documentation submitted with this form is true and complete to the best of my knowledge. Upon request, I will provide additional documentation to substantiate the information provided.

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

**REMINDER:** ATTACH A 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.

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