

**2017-2018 SPECIAL CIRCUMSTANCE APPLICATION
INDEPENDENT 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 Spouse** *(if data retrieval not used on FAFSA)*
- All additional required documentation listed for your circumstances**

- One-time Income Payment:** *You or your spouse 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 your ability to contribute to your or your spouses' 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 student and spouse

Death of spouse

Name of Deceased: _____ Date: ____/____/____

Additional required documentation:

- 1.) Proof of death
- 2.) All 2015 W-2's for both student and spouse

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) ___ Student ___ Spouse 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 household, include:

- Yourself and your spouse if you have one,
- Your children, even if they don't live with you, if you will provide more than half of their support from July 1, 2017 through June 30, 2018, 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, 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 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 you and/or your spouses' 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 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 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's Signature _____

Date _____

Spouse's Signature _____

Date _____

REMINDER: ATTACH A 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.

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