



NAME: _____

ID#: _____

FAC19SC2

2019/2020
STUDENT SPECIAL CIRCUMSTANCES for 2019

INSTRUCTIONS: According to federal laws and regulations, a student's 2017 income is used to assess financial need for the 2019/2020 school year. If a student's 2019 income will be significantly lower due to special circumstances, a financial aid administrator may be able to use the expected 2019 income to assess financial need. In the case of a divorce/separation or medical/dental expenses, see page 2.

Student's Name _____ WSU ID# _____

Spouse's Name _____ Telephone _____

Student's Address _____ City/State/Zip _____

NOTE: This appeal will not be evaluated until your financial aid application is finalized using the original data you provided on the FAFSA. Submission of this form will not defer any semester payment that is due. Please respond to our requests for verification documents so that your file may be completed and finalized.

1. Complete the verification process as directed by the Financial Aid Office.
2. Indicate the reason for your appeal on page 2 of this form and provide appropriate supporting documentation.
3. Write a brief summary of your special circumstances on page 3.
4. Complete page 4 of this form and provide appropriate documentation.

Your appeal will be reviewed by a counselor in the Financial Aid Office. In the event that additional information is needed, you will be contacted by the counselor.

FOR OFFICE USE ONLY

18/19 special circumstances?: Yes ___ No ___ Comments: _____

____ Special circumstances denied _____

____ Special circumstances approved _____

Old EFC _____ _____

New EFC _____ _____

Administrator

Date



WORCESTER
S T A T E
UNIVERSITY

Financial Aid
Phone: 508-929-8056
Fax: 508-929-8194

NAME: _____

ID#: _____

FAC19SC2

Please indicate the reason for your significant change in income below.
Check all that apply and attach the required documentation.

___ **Loss of income from work.** Complete pages 3 and 4.

Period of unemployment from _____ to _____

- ___ Layoff. Provide a letter from employer stating effective date and anticipated return.
- ___ Plant Closing. Provide a letter from employer stating effective date.
- ___ Termination. Provide a letter from employer stating effective date.
- ___ Disability. Date of disability _____. Attach documentation of the disability.
- ___ Quit or reduced employment to attend school. Provide a letter from employer stating effective date.
- ___ Other. Please specify and provide appropriate documentation. _____

___ **Loss of taxable income.** Complete pages 3 and 4.

- ___ Alimony. Provide court document(s) stating termination date of benefit.
- ___ Unemployment. Provide a letter from the unemployment office stating termination date of benefit.
- ___ Other. Please specify and provide appropriate documentation. _____

___ **Loss of untaxed income.** Complete sections pages 3 and 4.

- ___ Child support. Provide a letter or court document stating termination date of benefit.
- ___ Worker's compensation. Provide a letter from agency paying benefits stating termination date of benefit.
- ___ Other. Please specify and provide appropriate documentation. _____

___ **Divorce.** Since applying for financial aid, you have become divorced. Date of divorce _____. Attach a copy of the official legal notification of divorce, your signed 2017 IRS Tax Return Transcript, and your spouse's and your own W-2 forms.

___ **Separation.** Since applying for financial aid, you have become separated. Date of separation _____. Provide documentation of spouse's separate address, attach a copy of the official legal separation agreement, your signed 2017 IRS Tax Return Transcript, and your spouse's and your own W-2 forms.

___ **Medical or dental expenses.** You have paid medical or dental expenses for the 2017 calendar year that are not covered by insurance and these expenses exceed 10% of your adjusted gross income. Attach documentation of medical/dental expenses that you paid in 2017 that were not covered or reimbursed by insurance.



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Report all income you have actually received in 2019. **You must attach documentation of your 2019 income.**

INCOME FOR JANUARY 1, 2019 TO DECEMBER 31, 2019	ACTUAL 1/1/19 to Today	ESTIMATED Today to 12/31/19	TOTAL Actual plus Estimated
Student's expected 2019 income earned from work (wages, salaries, tips, net business/farm income)	\$	\$	\$
Student's expected 2019 Unemployment Compensation	\$	\$	\$
Spouse's expected 2019 income earned from work (wages, salaries, tips, net business/farm income)	\$	\$	\$
Spouse's expected 2019 Unemployment Compensation	\$	\$	\$
Disability Income	\$	\$	\$
Child Support	\$	\$	\$
Workers Compensation	\$	\$	\$
Other	\$	\$	\$
Total income for 2019	\$	\$	\$

CERTIFICATION: I certify that the information provided on this form is true and complete to the best of my knowledge. I understand that if I do not provide proof of the information on this form to the Financial Aid Office the student will not be evaluated for special circumstances. I understand that outstanding charges must be paid by the due date regardless of submission of this form.

Student's Signature _____ Date _____

Spouse's Signature _____ Date _____