



**WORCESTER**  
S T A T E  
**UNIVERSITY**

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

NAME: \_\_\_\_\_  
\_\_\_\_\_  
ID#: \_\_\_\_\_

FAC20SC2

**2020/2021**  
**STUDENT SPECIAL CIRCUMSTANCES for 2020**

**INSTRUCTIONS:** According to federal laws and regulations, a student's 2018 income is used to assess financial need for the 2020/2021 school year. If a student's 2020 income will be significantly lower due to special circumstances, a financial aid administrator may be able to use the expected 2020 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**

19/20 special circumstances?: Yes \_\_\_ No \_\_\_      Comments: \_\_\_\_\_

\_\_\_\_ Special circumstances denied      \_\_\_\_\_

\_\_\_\_ Special circumstances approved      \_\_\_\_\_

Old EFC \_\_\_\_\_      \_\_\_\_\_

New EFC \_\_\_\_\_      \_\_\_\_\_

Administrator

Date



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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 2018 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 2018 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 2018 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 2018 that were not covered or reimbursed by insurance.





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Report all income you have actually received in 2020. **You must attach documentation of your 2020 income.**

INCOME FOR JANUARY 1, 2020 TO DECEMBER 31, 2020	ACTUAL 1/1/20 to Today	ESTIMATED Today to 12/31/20	TOTAL Actual plus Estimated
Student's expected 2020 income earned from work (wages, salaries, tips, net business/farm income)	\$	\$	\$
Student's expected 2020 Unemployment Compensation	\$	\$	\$
Spouse's expected 2020 income earned from work (wages, salaries, tips, net business/farm income)	\$	\$	\$
Spouse's expected 2020 Unemployment Compensation	\$	\$	\$
Disability Income	\$	\$	\$
Child Support	\$	\$	\$
Workers Compensation	\$	\$	\$
Other	\$	\$	\$
<b>Total income for 2020</b>	\$	\$	\$

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 \_\_\_\_\_