Southwestern University

Financial Aid Office

Special Circumstances Form

2014-2015

PLEASE READ CAREFULLY

Your eligibility for need-based financial aid is determined using the results from the filing of your Free Application for Federal Student Aid (FAFSA). This ***Special Circumstances Form*** (SCF) may be used if you have unusual circumstances that are not addressed through the data collected on the FAFSA.

Southwestern University requires that you complete the Verification process before we will consider your special circumstances. **With the SCF, both parent *and* student must submit copies of your 2013 federal tax return transcript, all W2 forms, and the V1D Verification Worksheet.** The verification worksheet may be found on the FAO website at *www.southwestern.edu*. All FAFSA information will be verified prior to making any adjustments.

The SU Financial Aid Office may consider making an individual adjustment of your financial aid based on the new information provided and if a change is made, it will be valid for the current academic year only. Such adjustments must be made on an individual basis and fully documented in the student's file. Any adjustment should not be construed as a commitment for adjustments in future academic years.

Submit the completed form, Verification documents and supporting documentation to:
Financial Aid Office, Southwestern University, P.O. Box 770 Georgetown, Texas 78627-0770
Phone: (512) 863-1259 Fax: (512) 863-1507 Email: finaid@southwestern.edu

Student Name _____ Social Security Number _____ - ____ - _____
Last *First* *MI*

Parent Name _____ Phone Number_____
Last *First* *MI*

Parent's Primary Email Address _____

PLEASE PLACE A CHECK (✓) ONLY BY THE SECTIONS THAT APPLY TO YOUR SITUATION. IN SUPPORT OF YOUR REQUEST, SUBMIT THE DOCUMENTATION INDICATED FOR EACH SECTION THAT YOU SELECT.

_____ **Loss of Income From Work (*at least 12 consecutive weeks*):**

Period of unemployment from: _____ to _____.

- Provide a copy of the termination notice from former employer.
- Provide a copy of the last paycheck stub.
- Provide a copy of the letter from the state agency providing unemployment benefits. Be sure to include start and end dates, as well as the amount of benefits per week.

_____ **Loss of Income Due to Disability or Natural Disaster (*at least 12 consecutive weeks*):**

- Submit a letter from physician explaining disability. Please include start dates as applicable.
- Submit a written statement explaining the financial difficulties that have occurred as a result of the disability.
- Submit a written statement explaining the natural disasters and financial difficulties that have resulted.

_____ **Loss of Untaxed Income or Benefit (*at least 12 consecutive weeks*):**

_____ Social Security:
- Provide a copy of the Social Security Administration's Notification of Termination of Benefits.
- Submit a written statement explaining why the income has been discontinued.
- Include a copy of the latest 1099 statement.

_____ Child Support or Alimony:
- Provide a copy of the court document stating the termination of benefits.
- Submit a written statement explaining why the income has been discontinued.

_____ Worker's Compensation:
- Provide a letter from the Bureau of Worker's Compensation stating the date of the termination of benefits.

_____ Military Benefits:
- Submit a written statement explaining why the benefit has changed and/or been discontinued.

_____ **Legal Divorce or Separation (*after applying for financial aid, your parents have become separated or divorced*)**:

- Submit a written statement from the custodial parent explaining the situation; please include the date of separation/divorce.
- Provide a copy of the legal separation paperwork or divorce decree (if applicable).
- Submit a written statement from the non-custodial parent; please include the current address.

_____ **Death (*after applying for financial aid, a parent has died*):**

- Submit a copy of the Death Certificate.
- Submit a written statement including the deceased person's name, relationship to the student and the date of death.

_____ **Unusual Medical and Dental Expenses**:

- Submit a written statement including medical or dental expenses not covered by insurance or another party.
- Submit a copy of Federal Tax Return Form 1040, Schedule A for 2013.

_____ **Other**:

_____ Private School Tuition *(elementary or secondary schools – do not include amounts paid in 2014 for student applicant):*

- Submit a written statement including name(s) and age(s) of child, relationship to the student, and monthly/annual cost per child.

_____ Dependent or Elder Care Expense:

- Submit a written statement including the name and age of dependent, relationship to the student, and monthly/annual cost per dependent.

_____ Support to Extended Family:

- Submit a written statement including the name(s) and age(s) of recipient, relationship to the student, and monthly/annual cost per recipient.

_____ Other unusual circumstances:

- Submit a written statement describing the circumstances, dollar amounts involved, and any applicable supporting documentation.

Please provide the best possible estimates of your projected gross income for the calendar year January 1, 2014 through December 31, 2014. The Financial Aid Office may request additional documentation. You MUST complete this section.

SOURCE OF INCOME FOR JANUARY 1, 2014 THROUGH DECEMBER 31, 2014.	A. AMOUNT EARNED FROM JANUARY 1, 2014 THROUGH TODAY _____*(write in today's date.)*	B. PROJECTED INCOME FROM TODAY THROUGH DECEMBER 31, 2014.	C. TOTAL OF EARNINGS FROM JANUARY 1, 2014 THROUGH DECEMBER 31, 2014.
1. Father's anticipated income from work in 2014.			**Total of 1A + 1B**: _____
2. Mother's anticipated income from work in 2014.			**Total of 2A + 2B**: _____
3. Taxable income from other sources (ex. Interest-bearing accounts, pensions, unemployment compensation, severance, etc.) **List the source of taxable income:** _____			**Total of 3A + 3B**: _____
4. Untaxed income (ex. Child support, Social Security, Welfare, worker's compensation, cash received, etc.) **List the source of untaxed income:** _____			**Total of 4A + 4B**: _____
5. TOTAL INCOME FOR 2014:			**Total of 5A + 5B**: _____

CERTIFICATION:
All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to provide proof of the information that I have given on this form. I realize that this proof may include a copy of my Federal or State income tax return transcript. I also realize that if I do not provide proof when requested by the Financial Aid Office, I may not receive financial aid. I understand that purposely giving false or misleading information is subject to a fine of up to $20,000, federal imprisonment, or both.

_____

Printed Student Name ***Student Signature*** ***Date***

_____

Printed Parent/Step-Parent Name ***Parent/Step-Parent Signature*** ***Date***

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