2020-2021 Dependent Special Circumstance Form

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. Consideration of special circumstances requires that we verify certain items of a student’s FAFSA data before any financial aid is disbursed to the student.

First-year or transfer students: You may be required to complete the verification process before special circumstances are considered. Check with the Financial Aid Office to determine your documentation requirements prior to submission of your SCF. If you are not required to complete verification prior to our review of your SCF and such a review results in a change to your financial aid eligibility, the verification process must be completed before any financial aid is disbursed. The verification documentation requirements may be found on the Financial Aid Office website at www.southwestern.edu. Follow the instructions for Group V1 as a dependent student.

Continuing or readmitted students: The Financial Aid Office requires that you complete the verification process before we will consider your special circumstances. Information about verification documentation may be found on the Financial Aid Office website at www.southwestern.edu. Follow the instructions for Group V1 as a dependent student. 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 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.

Student Name ____________________________________________ SU ID# ____________________________

Last Name __________ First Name __________ MI __________

Parent Name __________________________________________

Last Name __________ First Name __________ MI __________

Phone Number __________

Parent’s Primary Email Address __________

Please place a check (✓) only by the sections that apply to your situation. In addition, provide a written statement that provides details of the circumstances for which you are requesting consideration and include this with the documentation indicated in each section you select.

☐ Loss of Income from Work
(12+ consecutive weeks):
Period of unemployment from:__/__/____ to__/__/____

☐ Loss of Untaxed Income or Benefit
(12+ consecutive weeks):
☐ Social Security:
☐ Child Support or Alimony:
☐ Worker’s Compensation:
☐ Military Benefits:

☐ Loss of Income Due to Disability or Natural Disaster
(12+ consecutive weeks):

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

☐ Unusual Medical and Dental Expenses:

(Continued on next page)
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.

Elementary or Secondary Private School Tuition
- Submit a written statement including name(s) and age(s) of child, relationship to the student, and monthly/annual cost per child. Do not include amounts paid for student applicant.

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, 2020 through December 31, 2020. The Financial Aid Office may request additional documentation. You MUST complete this section.

<table>
<thead>
<tr>
<th>SOURCE OF INCOME FOR JAN. 1, 2020 THROUGH DEC. 31, 2020</th>
<th>A. AMOUNT EARNED FROM JAN. 1, 2020 THROUGH (today’s date)</th>
<th>B. PROJECTED INCOME FROM TODAY THROUGH DEC. 31, 2020</th>
<th>C. TOTAL OF EARNINGS FROM JAN. 1, 2020 THROUGH DEC. 31, 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Parent 1 anticipated income from work in 2020:</td>
<td></td>
<td></td>
<td>Total of 1A + 1B:</td>
</tr>
<tr>
<td>2. Parent 2 anticipated income from work in 2020:</td>
<td></td>
<td></td>
<td>Total of 2A + 2B:</td>
</tr>
<tr>
<td>3. Taxable income from other sources (Examples: Interest-bearing accounts, pensions, unemployment compensation, severance, etc.) List the source(s) of taxable income:</td>
<td></td>
<td></td>
<td>Total of 3A + 3B:</td>
</tr>
<tr>
<td>4. Untaxed income (examples: Child support, Social Security, Welfare, worker’s compensation, cash received, etc.) List the source(s) of untaxed income:</td>
<td></td>
<td></td>
<td>Total of 4A + 4B:</td>
</tr>
<tr>
<td>5. TOTAL INCOME FOR 2020:</td>
<td></td>
<td></td>
<td>Total of 5A + 5B:</td>
</tr>
</tbody>
</table>

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. SIGNATURE(S) REQUIRED BELOW:

Printed Student Name  
Student Signature  
Date

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

Return completed form 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