

Federal regulations allow a family who has experienced a loss of income/benefits or has incurred unusual medical expenses to request the Office of Financial Aid to review such circumstances and determine if professional adjustments to the student's financial aid file are justified. Reviews of special circumstances, by law, are to be done on a case-by-case basis. Please select the special circumstance(s) that apply to your family. Please do not submit this form for review unless the loss of income/benefits or the unusual medical expenses were significant and would greatly affect the family's ability to contribute to the student's education. Documentation to substantiate the basis for your request is required and must be submitted to this office along with this form. All documentation will be retained in the student's permanent file.

Student's Last Name: _____ First: _____ MI: _____

Student SSN: _____ Student Date of Birth: _____

Parent/Spouse Last Name: _____ First: _____ MI: _____

Parent/Spouse SSN: _____ Parent/Spouse Date of Birth: _____

Address: _____ Phone Number: (____) _____

City: _____ State: _____ Zip: _____

Email: _____ Graduation Date: _____

INSTRUCTIONS:

1. Check the applicable special conditions(s)
2. Compile the documents required for the condition(s) you identify along with the following:
 - a. A signed copy of the 2009 federal income tax form, including all schedules and attachments.
 - b. All W-2's that were used to complete the 2009 federal taxes along with current pay stubs that show previous wages and one that will show new wages
3. Return this form, the required documents, and a letter explaining your special condition(s) to the Office of Financial Aid at Trine University

PROCESS:

Once all documents are received, your request will be reviewed by the financial aid office. You will be contacted regarding the acceptance/denial of your application. If you are granted special conditions, you will receive a new award letter reflecting the changes (if any) that were made to the student's package. This process can take as long as four to six weeks to complete. Please contact the office if you have not heard anything after that time period.

Please check one of the following:

SPECIAL CONDITION	REQUIRED DOCUMENTS
<input type="checkbox"/> Loss of Income Due to Unemployment You, your parent(s) or spouse were employed in 2009 but are now unemployed.	A copy of the termination or resignation notice with dates, and a copy of the unemployment notification, if applicable. Include the name of person who is unemployed and the relationship to the student, the date of unemployment, and the person's projected 2010 unemployment compensation.
<input type="checkbox"/> Loss of Income Due to Retirement or Disability You, your parent(s), or your spouse were employed in 2009 but are now not working due to retirement or a disability.	A copy of the retirement notice or notice of declaration of disability with dates. Include the name of person who retired or was declared disabled and the relationship to the student, the date of retirement or declaration of disability, and the person's projected 2010 retirement or disability benefits (include Social Security, pension, annuity, lump sum distribution, disability benefits, etc.)
<input type="checkbox"/> Reduction in Earned Income You, your parent(s), or your spouse were employed in 2009 but have experienced a substantial reduction of earnings in 2010.	A copy of verification from your employer of a reduction in earnings due to a change in employment or a natural disaster. Include the name of person whose income has been reduced and the relationship to the student, the date the earning reduction began.
<input type="checkbox"/> Death of Parent or Spouse Your parent or spouse passed away during 2009 or 2010.	A copy of the death certificate.
<input type="checkbox"/> Divorce or Separation Your parents were a married couple at the time of completing the FAFSA but have since separated and/or divorced.	A copy of the separation/divorce decree. A copy of the order for child support paid or received (if applicable).
<input type="checkbox"/> Unusually High Uninsured or Unreimbursed Medical, Optical and/or Dental Expenses You, your parent(s) or your spouse have incurred unusually high uninsured or unreimbursed medical, optical, and/or dental expenses.	A copy of the receipts showing the amount(s) you, your parent(s), or your spouse paid in 2009. Please note that if you are filing due to medical expenses incurred WITH insurance, the receipt(s)/document(s) need to clearly illustrate the amount paid by insurance and the amount paid out of pocket.
<input type="checkbox"/> Other Unusual Circumstances You, your parent(s), or your spouse has experienced costly unusual expenses in 2009–2010 that may affect your ability to cover your educational expenses.	You must turn in a detailed cover letter along with the subject-appropriate documentation.

CERTIFICATION AND SIGNATURES:

I/we certify that the information and documentation provided is accurate and complete to the best of my/our knowledge. I/we agree to provide additional documentation if it is requested. I/we understand that if the requested information or documentation is not provided, the special circumstances request will be denied without further review.

Student: _____ Date: _____

Parent: _____ Date: _____

Spouse: _____ Date: _____

The Office of Financial Aid reserves the right to ask for additional documentation on any or all of the above scenarios. We will send a letter to the student with the list of additional items that are needed.