



Rec'd by: _____
 Date: _____
 FAO Action; _____
 Date: _____

Special Circumstance Request- adjustment to FAFSA Information

You may complete this request if there has been a significant change in the information (financial, marital, family situation, etc) that was originally provided on your current FAFSA. Information provided on this form, along with any supporting documents that you supply or that we request will be used to determine if our financial aid office can make an adjustment to your FAFSA information which may increase eligibility for need-based financial aid (federal and institutional).

Please note that submitting this form does not guarantee that the request will be approved, or that you will qualify for additional aid.

FAFSA Aid Year for which you are submitting this request: _____

To be completed by the **student:**

Student Last Name	Student First Name	Student Middle Initial
		@spalding.edu
Student ID Number	Student Phone Number	Student Email

If a dependent student, to be completed by **parent:**

Parent Last Name	Parent First Name
Parent Phone Number	Parent Email Address

Please return all pages of this form and any supporting documents to:

Spalding Financial Aid Office
 901 South 4th Street
 Louisville, KY 40203-2188

Questions about this form or the documents requested contact:

Michelle Standridge 502-873-4333 or Sandy Neel 502-873-4327



Check the appropriate reason for this request:

— **A CHANGE IN THE FAMILY SITUATION HAS OCCURRED DUE TO:**

- **DIVORCE** – Please attach a copy of the divorce decree or other documentation to verify that a separation has occurred. Also, if this is for a dependent student, provide documentation of the custodial split.
- **DEATH OF SPOUSE OR PARENT** – Please attach a copy of the spouse or parent’s death certificate.

— **THERE WAS A LOSS OF INCOME OF BENEFITS:** You may be asked to provide provide a tax return transcript.

- **Loss of income from work** – There must be at least 3 months loss of income. Attach documentation from your employer stating the date that the separation or reduction in pay became effective (it must be a past date to be considered) and a copy of the last pay stub from the employer showing your YTD earnings.
 - **Was there severance provided?** Yes No
(If yes, provide severance agreement)
 - **Is/was unemployment received?** Yes No
(If yes, provide statement of benefits)
 - **Is disability being received?** Yes No
(If yes, provide statement of benefits)
 - **Is the loss of income permanent?** Yes No
(If no, we may not review this until after the academic year begins as we don’t want to prematurely make changes to the federal calculation if there could be a change of status such as securing a new job.)
- **Loss of Benefits** –This could be loss of benefits such as Social Security, Veteran’s benefits, retirement income, child support or unemployment. Provide notification of the termination of the benefit or reduction that states the effective date and new monthly amounts. Also provide YTD amounts already received.

Type of benefit affected: _____

— **A SIGNIFICANT AMOUNT OF ONE TIME INCOME WAS REPORTED ON THE FAFSA/FEDERAL TAX RETURN THAT WILL NOT BE RECEIVED AGAIN IN SUBSEQUENT YEARS.**

Type of income reported: (ie one time early withdrawal from IRA)

Please provide an explanation of and documentation for the one time withdrawal. Be aware that one time funds that are not treated as recurring income will be counted as assets instead in most cases. This is because the FAFSA formula assumes that part of these funds should be used for the student’s education. However, reporting them



as an asset rather than recurring income often times will benefit the student when it comes to financial aid eligibility.

— **EXTRAORDINARY EXPENSES**

○ **MEDICAL OR DENTAL EXPENSES THAT HAVE BEEN PAID**

Please provide documentation of out of pocket expenses paid this year so that we may determine if that cost is greater than the amount already figured into the federal EFC formula. Acceptable documentation are copies of the paid medical bills. Expenses not yet paid are not acceptable supporting documentation.

○ **TUITION FOR PRIVATE SCHOOL (K-12)**

Please provide documentation of tuition and expenses paid showing the out of pocket expense. An acceptable document would be an itemized bill from the school showing paid tuition for the calendar year (January 1-December 31) less any scholarships and discounts. Expenses not yet paid are not acceptable supporting documentation.

— **OTHER UNUSUAL OR SPECIAL CIRCUMSTANCES TO BE CONSIDERED**

If your circumstances do not fall under any of the above situations please write a personal statement and attach to the form with any documentation that you feel will support the request. The statement should include how the financial situation has been affected. Please note that circumstances such as credit card debt and bankruptcies cannot be considered for a recalculation.

We reserve the right to request additional documentation.

CERTIFICATION STATEMENT

By signing this form, I/we affirm all information provided is true and complete to the best of my knowledge. If asked, I/we agree to provide additional information and proof to support the information already provided. I/we understand that if we are found to have knowingly or intentionally given false or fraudulent statements and/or documentation, this request will be denied and that any eligibility for federal and state student aid may be suspended or canceled.

Student Signature

Date

Parent Signature (if dependent student)

Date