

2017-2018 SPECIAL CIRCUMSTANCE FORM

VALLEY CITY STATE UNIVERSITY

Student Financial Aid Office

Student Name: _____ Social Security Number: _____

Realizing that financial circumstances can change, Valley City State University provides this form to assist you in requesting a review of your financial aid eligibility because of changes in financial circumstances not addressed in your original financial aid application limiting the ability of you and/or your parents to contribute toward your 2017-2018 educational expenses.

POSSIBLE REASONS FOR REQUESTING CONSIDERATION

1. Unusual medical and dental expenses (paid during 2015 and not claimed on Schedule A of your tax return)
2. Loss of income (such as divorce or death, change or loss of employment, disability, etc.)
3. Tuition expenses incurred by dependent attending private school.
4. Unexpected or natural disaster (such as crop failure, weather related floods/tornadoes/hail damage/fire, etc.)
5. Special or unusual situation affecting the family you would like to have reviewed.
6. Student requesting independent status, this request is rarely granted, considered suggestions:
 - a. Student is under age 24 and was married but is now single
 - b. Student lives/has lived in an abusive household situation which can be documented.

APPLICATION PROCEDURES FOR SPECIAL CIRCUMSTANCE CONSIDERATION

1. Write and attach a letter of explanation of what your request is for.
2. You **must attach** a copy of your 2015 Federal Tax return documentation supporting the request: (plus suggested)

Examples:

- a. Receipts/copies of cancelled checks for unusual expenses paid.
 - b. Copy of death certificate.
 - c. Insurance statements of damage and what is covered.
 - d. Copy of court divorce decree.
 - e. Letter from doctor regarding medical problems.
3. Sign Certification Statement (below)
 4. Complete Household Information Section (on back side of form)
 5. Complete Loss of Income Section, if applicable (on back side of form)

CERTIFICATION STATEMENT

All of the information provided by the undersigned is true and complete to the best of my/our knowledge. If asked by an authorized official I/we agree to give proof of the information provided on this form. I/we realize that under estimating projected income could result in reduced eligibility, repayment of aid, or both. **I understand that a special circumstance is expected to be granted for only one year.** I/we further understand that purposely giving false or misleading information to obtain federal student financial aid may subject me/us to fines or penalties.

Everyone who has provided information on this form must sign below.

The student (and at least one parent, if parental information is given) must sign below or this form will be returned unprocessed.

X

Student Signature

Date

X

Spouse Signature (if student is married)

Date

X

Parent Signature (if Parent Special Condition)

Date

The information provided on this form is (please check one or both, appropriate):

____ Parental Special Condition

____ Student Special Condition

HOUSEHOLD INFORMATION All students/parents should complete this

List your family members. If any dependents are attending college, indicate name in column provided. For dependent students, list yourself, your parents, and your parents' other dependent children, as well as any other person who lives with your parents and is dependent on them. If you are an independent student, list yourself, your spouse, and any children for whom you provide more than half their support (in addition to providing 100% of your own support). Attach a separate sheet if necessary.

Name	Age	Relationship to you, the student	College Attending, if Applicable
Example: Jane Doe	20	you/student	Valley City State University

LOSS OF INCOME Complete only if requesting special circumstance consideration because of a loss of income.

Projected Income for January 1, 2016 - December 31, 2016	Father	Mother	Student	Spouse
Earned Income				
Other taxable income				
Untaxed Social Security benefits				
Aid to Families with Dependent Children (AFDC)				
Child support received				
Other untaxed income (e.g. death benefits, worker's compensation, etc)				
Total Anticipated Income	\$	\$	\$	\$
Cash, Savings, and Checking as of today, including CD's and Trust Funds	Parent(s)		Student	
	\$		\$	

QUESTIONS

Should you have any questions about this form or any other question regarding financial aid at Valley City State University, please contact Betty Kuss Schumacher, Director of Student Financial Aid, at 1-800-532-8641, extension 7412 or email: betty.schumacher@vcsu.edu. Should the director be unavailable right away, leave a message and your concerns will be addressed as soon as possible. FAX: 1-701-845-7410



Student Financial Aid Office
 VALLEY CITY STATE UNIVERSITY
 101 College Street Southwest, Valley City, ND 58072 1-800-532-8641, extension 7412
 www.vcsu.edu