



GLENVILLE STATE COLLEGE

REQUEST FOR SPECIAL CIRCUMSTANCES

2018-2019

STUDENT'S NAME: _____ STUDENT'S ID: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ EMAIL: _____

PHONE NUMBER: (_____) _____

Mark **only** those that apply, and attach the required documentation. Complete the income section on the back of this sheet, sign and date, and return it to our office. If you wish to explain in further detail, you may attach an additional sheet.

_____ Loss of Income from work
_____ Unemployment – From ____/____/____ to ____/____/____
_____ Laid Off - Date: ____/____/____
_____ Plant closing – Date: ____/____/____
_____ Disability-date of disability: ____/____/____.
_____ Resigned or reduced employment to attend school
_____ Other _____

_____ Loss of Income:
_____ Alimony
_____ Child Support
_____ Worker's Compensation
_____ Other _____

_____ Divorce: Since applying for financial aid, you or your parents (if you're a dependent student) have divorced. Give financial information for yourself, and if dependent, the parent you live with.

_____ Separation: Since applying for financial aid, you or your parents (if you're a dependent student) have officially separated from spouse. Date of separation: ____/____/____. Give financial information for yourself and/or the parent you live with.

_____ Unusual Expenses Paid:
_____ Medical or dental expenses paid out of pocket for the 2017 calendar year
_____ Elementary or secondary education paid in 2017 for dependents. Please provide a letter from the institution stating payment date and amount.
_____ Nursing home expense not covered by insurance or Medicare
_____ Unusual high dependent care expense.

- Please use my 2017 income, as it was less than my 2016 income. I have provided the following:
 - Data retrieval tool on the 18-19 FAFSA for the 2016 taxes *or* attach a 2016 tax transcript from the IRS for both parent and student, if student worked
 - Attach a 2017 Tax Return Transcript from the IRS for parent and student, if student worked
 - Other _____
- Please use my 2018 income, as I suffered a loss of income from work. I have provided the following:
 - Data retrieval tool on the 18-19 FAFSA for the 2016 taxes *or* attach a 2016 tax transcript from the IRS for both parent and student, if student worked
 - Most recent pay stub for all employed members of the household
 - Unemployment statement showing unemployment received and remaining balance
 - Other _____
- Please perform special circumstances due to a separation or divorce. I have provided the following:
 - Data retrieval tool on the 18-19 FAFSA for the 2016 taxes *or* attach a 2016 tax transcript from the IRS for both parent and student, if student worked
 - Verification of separate residence (utility bills, lease agreement, etc.) dated prior to the FAFSA submission
 - Proof of income for each member in the household of the custodial parent
 - Other _____

I understand that I may be required to provide additional information, as deemed necessary by the Financial Aid Office.

My signature below certifies that the information provided above is true and correct to the best of my knowledge. I agree to provide proof of any of the information provided, and to let the financial aid office know if anything changes with my circumstances before the end of the year. I understand that the penalty for providing false or misleading information for federal funds is a fine, prison sentence or both.

Student's Signature

_____/_____/_____
Date

Parent or Spouse's Signature

_____/_____/_____
Date

Return form to:

Office of Financial Aid
Glenville State College
200 High Street
Glenville, WV 26351

(304)462-4103 office
(304)462-4407 fax
financial.aid@glenville.edu