

REQUEST FOR SPECIAL CIRCUMSTANCES 2020-2021

STUDENT'S NAME:		STUDENT'S ID:	
Addres	SS:	City:	
STATE:	ZIP:	Email:	
PHONE ?	Number: ()		
this she		the required documentation. Complete the income section on the back of to our office. If you wish to explain in further detail, you may attach an	
	Laid Off - Date: Plant closing – Date: Disability-date of disa Resigned or reduced e Other Loss of Income: Alimony Child Support Worker's Compensation Other Divorce: Since applying for	poility:/ mployment to attend school on financial aid, you or your parents (if you're a dependent student) have	
	live with. Date dive	orce was final:/ or financial aid, you or your parents (if you're a dependent student) have	
	officially separat	ed from spouse. Date of separation:/ Give ation for yourself and/or the parent you live with.	
	_ Unusual Expenses Paid:		
	Medical or dental expenses paid out of pocket for the 2019 calendar year		
	· · · · · · · · · · · · · · · · · · ·	ry education paid in 2019 for dependents. Please provide a letter from	
	0.1	payment date and amount.	
		not covered by insurance or Medicare	
	Unusual high depende	nt care expense.	

☐ Please use	e my 2019 income, as it was less than my 20	118 income. I have provided the following:		
	Data retrieval tool on the 20-21 FAFSA for the IRS for both parent and student, if student,	or the 2018 taxes <i>or</i> attach a 2018 tax transcriptent worked	ot from	
	Attach a 2019 Tax Return Transcript from	the IRS for parent and student, if student wor	rked	
	Other			
☐ Please use	e my 2020 income, as I suffered a loss of in-	come from work. I have provided the following	ıg:	
	Data retrieval tool on the 20-21 FAFSA for the 2018 taxes <i>or</i> attach a 2018 tax transcript from the IRS for both parent and student, if student worked			
	Most recent pay stub for all employed me	mbers of the household		
	Unemployment statement showing unemp	loyment received and remaining balance		
	Other			
☐ Please per	form special circumstances due to a separa	tion or divorce. I have provided the following:	•	
Data retrieval tool on the 20-21 FAFSA for the 2018 taxes <i>or</i> attach a 2018 tax transcri the IRS for both parent and student, if student worked				
	Verification of separate residence (utility submission	bills, lease agreement, etc.) dated prior to the	FAFSA	
	Proof of income for each member in the h	ousehold of the custodial parent		
	Other			
I understand Aid Office.	that I may be required to provide addition	al information, as deemed necessary by the	Financia	
I agree to pro changes with	vide proof of any of the information provide	d above is true and correct to the best of my killed, and to let the financial aid office know it ear. I understand that the penalty for providing sentence or both.	f anything	
Student's Sign	nature	//		
		, , ,		
Parent or Spo	use's Signature			
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		