



GLENVILLE STATE COLLEGE

REQUEST FOR SPECIAL CIRCUMSTANCES

2021-2022

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. Date divorce was final: ____/____/____.

_____ 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 2020 calendar year
_____ Elementary or secondary education paid in 2020 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.

