

## **REQUEST FOR SPECIAL CIRCUMSTANCES**

## 2022-2023

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/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 2021 calendar year
Elementary or secondary education paid in 2021 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 2021 income, as it was less than my 2020 income. I have provided the following:		
		Data retrieval tool on the 22-23 FAFSA for the 2020 taxes <i>or</i> attach a 2020 tax transcript from the IRS for both parent and student, if student worked
		Attach a 2021 Tax Return Transcript from the IRS for parent and student, if student worked
		Other
□ Please use my 2022 income, as I suffered a loss of income from work. I have provided the following:		
		Data retrieval tool on the 22-23 FAFSA for the 2020 taxes <i>or</i> attach a 2020 tax transcript from the IRS for both parent and student, if student worked, or signed 2020 tax returns.
		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 22-23 FAFSA for the 2020 taxes <i>or</i> attach a 2020 tax transcript from the IRS for both parent and student, if student worked, or a signed 2020 tax return.
		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

Parent or Spouse's Signature

Return form to:

Office of Financial Aid Glenville State College (304)462-4407 fax 200 High Street Glenville WV 26351

(304)462-4103 office

Website: www.cognitoforms.com/GlenvilleStateCollege1/FinancialAidUploadUtility

Date /\_\_\_\_\_/\_\_\_\_\_

Date