

**Request for Special Circumstances**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Appeal is for (circle semester/s):      Fall 2010  
   Spring 2011

To the best of my knowledge, all of the information on this form is complete and correct.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**We can only review applications that thoroughly document and explain your family's special circumstances as requested in each applicable section. Along with this form, you MUST also submit:**

- 1. Written explanation detailing change in your family's financial status**
- 2. Documentation supporting special circumstance (see Sections I-V)**
- 3. Dependent OR Independent Verification Worksheet**
- 4. SIGNED Federal Tax Returns (Student AND Parent)**
- 5. W-2s that correspond to Tax Returns (Student AND Parent)**
- 6. Statement of housing allowance (military and clergy only)**

***The Financial Aid Office will review your special circumstances. We will notify you if any further documentation is needed.***

**Section I. Loss of Employment/Employment Income**

\_\_\_\_ A. An independent student/spouse or dependent student's parent/stepparent indicated on the Free Application for Federal Student Aid (FAFSA) that they are a dislocated worker.

**Required Documentation:**

1. Notice of termination from employer, verifying employment and termination date
2. Notice of unemployment benefits
3. If self-employed, letter from a third party (accountant, lawyer) confirming reason for unemployment
4. Estimated Income Chart (located at the end of Section II)

\_\_\_\_ B. A student/spouse or parent/stepparent who reported 2009 work earnings on the FAFSA has been unemployed for a significant period during 2010. (If you were unemployed for less than six weeks, please contact the Financial Aid Office before filing).

**Required Documentation:**

1. Notice of termination from employer verifying employment and termination date
2. Last pay stub
3. Notice of unemployment benefits, or notice of disability benefits
4. If other parent or spouse reported income in 2009, their most current pay stub
5. Estimated Income Chart (located at the end of Section II)

**Section II. Other Significant Financial Changes**

- \_\_\_ A. A student/spouse or parent/stepparent had a complete loss of unemployment compensation or of a nontaxable benefit (such as Social Security, a pension, or child support).  
**Required Documentation:**  
 1. Verification from the agency noting when the benefit was discontinued and the amount received in 2009.  
 2. Estimated Income Chart
- \_\_\_ B. A student/spouse or parent/stepparent has become separated, divorced, or widowed after submitting the FAFSA.  
**Required Documentation:**  
 1. Letter from attorney  
 2. Copy of the divorce decree, or a copy of the death certificate.  
 3. Estimated Income Chart
- \_\_\_ C. A parent/stepparent has made a one-time, lump-sum withdrawal from his/her retirement.  
**Required Documentation:**  
 1. Letter explaining the reason for the withdrawal.  
 2. Estimated Income Chart

**Estimated Income Chart (To be completed for Sections I and II)**

**January 1, 2010 – December 31, 2010**

<b>Source of Income</b>	<b>Father</b>	<b>Mother</b>	<b>Student</b>	<b>Spouse</b>
Wages, salaries, tips	\$	\$	\$	\$
Unemployment or Workman's Compensation, or Disability Benefits	\$	\$	\$	\$
Social Security Benefits, Child Support	\$	\$	\$	\$
Other taxable income you will report on your 2009 Tax Return Please indicate source: _____	\$	\$	\$	\$
<b>Total Estimated Income:</b>	\$	\$	\$	\$

**Section III. Medical Expenses**

\_\_\_\_\_ You paid a significant amount of medical, dental, or optical expenses (including premiums) in 2009 and/or 2010 and these expenses were **not paid by any other source**. (If these expenses do not exceed 11% of your income, please contact the Financial Aid Office before filing).

**Required Documentation:**

1. Copy of the Federal 1040 Schedule A showing paid medical expenses and/or complete the following chart.
2. Copies of receipts.

<b>Medical, Dental, and Optical Expenses for Calendar Year(s):</b>				
	Insurance Premiums	Medical/Dental/Optical Exp.	Amt pd. by Insurance	Amt pd. by Family
2009				
2010				

**Section IV. Private School Tuition (Elementary through High School Only)**

\_\_\_\_\_ You have paid, or will be paying, private school tuition for a dependent child during the 2010 calendar year (January 1 – December 31, 2010).

**Required Documentation:**

1. Please complete the following chart. Do not include tuition expenses covered by scholarships or other means -- only the amount paid out-of-pocket.
2. Invoice or statement documenting expenses.

Name of Child	Age	Relationship To Student	School Name	Total Tuition to be Paid in 2010

**Section V. Other**

\_\_\_\_\_ Please attach a detailed explanation and substantiating documentation.

Return forms to:  
 Financial Aid Office, Mount Vernon Nazarene University  
 800 Martinsburg Road, Mount Vernon, OH 43050  
 (740) 392-6868, ext. 4520  
[financialaid@mvnu.edu](mailto:financialaid@mvnu.edu)

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 Completed By: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Contact Entered By: \_\_\_\_\_  
 Correction Sent By: \_\_\_\_\_ Date Sent: \_\_\_\_\_