



2017-2018 Special Circumstances *Need Based Aid Review Request*

Student Name: _____ SU ID Number: _____

IMPORTANT: This form is for **UNDERGRADUATE USE ONLY**. Graduate students are not eligible for need based Federal aid or need based Samford aid. Circumstances below will not affect a graduate student's financial aid award.

As part of Samford University's commitment to serve the needs of all our students as individuals, we offer this form as an opportunity for you to elaborate on your family's needs and how any of these circumstances not taken into account on the Free Application for Federal Student Aid (FAFSA) may affect your need based financial aid eligibility. In order to be eligible for review, a student is expected to have completed a FAFSA and taken advantage of all available need based financial aid options before submitting the request. The results are final and are applicable for only one year.

The following is a listing of what is considered a special circumstance: (see page 3 for required documentation)

- Significant loss of household income since 12/31/2015
- Death of a parent or spouse (if student is married) since 12/31/2015
- Separation or divorce of parents or from spouse (if student is married) since 12/31/2015
- Private primary or secondary school tuition and/or home school expenses paid since 12/31/2015
 - The Expected Family Contribution (EFC) as defined by the FAFSA must be less than or equal to \$20,000 to have request considered
- Loss of child support received since 12/31/2015
- 2016 Medical expenses not covered by insurance that are above 20% of 2015 adjusted gross income
 - Expense and payment must have occurred in 2016
- Receipt of non-reoccurring income, i.e. one-time payment from employer, retirement fund cash-out, moving expense reimbursement, IRA rollovers, receipt of non-liquid assets, etc... since 12/31/2015
- Change in marital status for a student since 12/31/2015 (***must be submitted before 10/15/2017***)

The following do not constitute special circumstances:

- Sibling college expenses
- Reduction in value for 401K and/or other investments
- Parents' refusal to pay for college or sign for Parent PLUS loan
- Lack of credit worthy co-signers for education loans

Part A. Explanation of Special Circumstances

Please use the space below to fully explain your circumstances. Any claims of figures, dates, and the like must be corroborated with official documentation. Additional information may be requested. Attach a separate sheet if necessary.

Part B. Required Documentation

If making a request for review based on one of the following, please provide all documentation listed.

- **Job loss or other loss of income since 12/31/2015**

- Date of termination or reduction: _____ Date of new employment: _____
- Statement from employer indicating date of employment change in status
- Copy of all W-2s from 2015 and all W-2s from 2016 if change occurred in 2016
- Copy of W-2s above and most recent pay stubs from all employers indicating 2017 year-to-date earnings if change occurred in 2017
- Documentation of severance and/or unemployment benefits (if applicable)

- **Death of parent or spouse since 12/31/2015**

- Copy of death certificate
- Proof of lost income if parent or spouse was a wage earner
- Documentation of death benefits and life insurance payment(s)

- **Separation or Divorce since 12/31/2015**

- Copy of court-filed legal separation document or divorce decree
- Proof of reduced income if parent or spouse who is no longer in household was a wage earner
- Full explanation in the space provided on page two of this form listing 1) date of divorce/separation, 2) list of current household members, 3) alimony and/or child support received per month and when payments began or are expected to begin

- **Private school tuition and/or home school expenses**

- **The expected family contribution as defined by the FAFSA must be less than or equal to \$20,000**
- Letter *on school letterhead* from the business office of primary and/or secondary school indicating the amount of tuition charged and paid by immediate family between January 1, 2016 and December 31, 2016. The amount of tuition charged should be comprised of tuition costs only. No meal plans, trip fees, book fees, participation fees, and other non-tuition expenses are to be included.
- The amount paid should not take into account scholarships received or payments made by individuals other than immediate family members.
- In the space provided on page two of this form please provide the names, grades, ages, and schools attended for each student in the family. Private college expenses will not be considered.

- **Loss of child support received**

- Copy of divorce decree listing court-ordered support.
- In the space provided on page two of this form please provide explanation of why the child support will end and the date of last payment. Explanation should indicate whether or not child support will be received for other children in the household.

-
- **2016 Medical expenses not covered by insurance that are above 20% of 2015 adjusted gross income**
 - Summary statement(s) from provider(s) indicating the date of service, name of patient, amount billed, amount paid by patient, and amount paid by insurance. Original charge and payments must have occurred in 2016.
 - **Receipt of non-recurring income since 12/31/2015**
 - In the space provided on page two of this form please explain the type and amount of income that was received since 12/31/2015 and will not be received in 2017. Must explain purposes for which the income was used.
 - Must add further explanation as to why that income could not have been saved and used for college.
 - **Change in marital status for student since 12/31/2015**
 - It may be necessary for a **student** to change their marital status should he or she become married during the academic year. This would necessitate a change on the FAFSA. Form must be submitted by 10/15/2017.
 - Copy of Samford's verification worksheet.
 - Copy of the marriage license is required.

Part C. Procedures & Signatures

Any incomplete requests will not be reviewed until all necessary documentation has been submitted. The review process may take up to four weeks to review during peak processing times (summer months). Please submit in a timely manner in order to avoid penalties for delays in paying your bill. Once the review is complete, you will receive an email through your @samford.edu email address notifying you of the outcome.

By signing below, I have certified that the information provided on this form and in corresponding documentation, is true and correct to the best of my knowledge. I understand this does not guarantee any changes in the original financial aid package offered and some aid may be adjusted, should I be offered other sources of financial aid.

Student Signature _____ Date _____

*Parent Signature _____ Date _____

*Parent signature is required for dependent students

Samford University Office of Financial Aid - 800 Lakeshore Drive - Birmingham, AL 35229

Phone Number: (205) 726-2905 - Fax Number: (205) 726-2738 - Email: ofa@samford.edu