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**OFFICE OF FINANCIAL AID - REQUEST FOR SPECIAL CIRCUMSTANCE REVIEW 2018-2019**

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1**. Will your income and/or your spouse’s or parents’ income be less in 2018 than in 2016 (amount submitted on FAFSA)? \_\_\_Yes \_\_\_No

**2**. Please circle the appropriate reason(s) and explain below. Date your situation changed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

a. Unemployment or change in employment d. Disability of student, spouse, or parent

b. Divorce/separation e. One-time income (examples: back year

Social Security, IRA or pension distribution)

c. Death of spouse or parent f. Parent enrolled at least halftime in college

Please explain your special circumstance in detail - attach additional sheets and supporting documentation, if necessary:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**DOCUMENTATION REQUIRED!** 2017Taxes and W2s or 2018 final pay stub; and copies of all documents to support your request. (Examples: last pay stub, unemployment forms, layoff notice, court papers, doctor’s note, disability claim, death certificate, etc.)

|  |  |  |  |
| --- | --- | --- | --- |
| **ANTICIPATED INCOME\* FOR 1/1/18 TO 12/31/18** | **ACTUAL earnings through TODAY date: \_\_\_\_\_\_\_\_** | **ESTIMATED earnings to END of YEAR** | **TOTAL** |
| **Father**’s wages, salaries, tips (including severance pay, disability payments and other income from work) |  |  |  |
| **Mother**’s wages, salaries, tips (including severance pay, disability payments and other income from work) |  |  |  |
| **Student**’s wages, salaries, tips (including severance pay, disability payments and other income from work) |  |  |  |
| Other taxable income (include unemployment benefits) |  |  |  |
| Social Security Benefits \_\_\_per month or \_\_\_ annual |  |  |  |
| Aid to Families with Dependent Children (AFDC) |  |  |  |
| Alimony and/or child support received |  |  |  |
| Other untaxed income (earned income credit, worker’s comp.) |  |  |  |
| **TOTAL ANTICIPATED INCOME FOR 2018** |  |  |  |

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*If you or your parent are divorced/separated, give only your information or the information of the custodial parent. If the loss of income was due to the death of your spouse or parent give only your information or the information of the surviving parent.**

**RETURN THIS FORM TO Concordia College, Office of Financial Aid – 171 White Plains Road, Bronxville, New York 10708**

**OFFICE OF FINANCIAL AID USE ONLY \_\_\_**Approved \_\_\_Denied Administrator’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_