

Special Circumstances Application



Please fill in the spaces below:

Student's Name (Print): _____
 Social Sec. Number: _____
 ID Number: _____
 Street Address: _____
 City, State, Zip: _____
 Phone Number: _____
 Email Address: _____

This application allows the Financial Aid office to re-evaluate a student's eligibility for financial aid due to certain uncontrollable family circumstances. The 2017-2018 Free Application for Federal Student Aid (FAFSA) or Renewal FAFSA must be processed using the base year of 2015 and released to the University of Rio Grande Financial Aid Office before this application can be processed. **Applicants must supply all documentation required. Additional documentation may be requested for clarification purposes**

Nature of Special Circumstances (check ALL those that apply)

Income change for: (check one) Parent(s) Student/Spouse

Section 1

1. Provide letter of explanation, describing specific reason for requesting the special circumstance

Section 2

Check one of the following circumstances best matching your need.

LOSS OF EMPLOYMENT DUE TO INVOLUNTARY REASONS (must have been out of work for at least 10 weeks) Documentation Required:

1. Letter on company letterhead from previous employer(s) indicating beginning and ending dates of employment, wage, rate, number of hours worked per week, and a copy of your last pay stub from work.
2. Letter or statement from unemployment bureau stating amount received per week and the number of weeks of eligibility in 2017. If you are not receiving unemployment benefits, provide a written statement indicating why you are not eligible to receive unemployment benefits.
3. Documentation of any untaxed income projected for 2017.

REDUCTION OF EARNINGS DUE TO DISABILITY OR NATURAL DISASTER Documentation Required:

1. Letter from employer or physician indicating the date of occurrence and nature of disability or natural disaster.
2. Letter on company letterhead from employer indicating wage rate, number of hours worked per week, and projected earnings for 2017.
3. Verification of 2017 projected income from agency providing disability income. If not receiving disability income, provide a written statement indicating reason for ineligibility.

University of Rio Grande/Rio Grande Community College

PO Box 500
Rio Grande, OH 45674-0500

Financial Aid Office
Phone: 740-245-7218
Fax: 740-245-7102

Email: finaid@rio.edu



Visit: www.rio.edu for more information

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Cont. Section 2

Check one of the following circumstances best matching your need.

LOSS OR REDUCTION OF UNTAXED INCOME (Including Social Security benefits, child support received, TANF, Worker's Compensation) **Documentation Required:**

1. Court papers or official letter from appropriate agency specifying the date the benefit ceased or reduced and total income from that agency for 2017.

SEPARATION OR DIVORCE OF SELF OR PARENTS **Documentation Required:**

1. Copy of student or parent separation agreement or divorce decree or letter from lawyer stating terms of the separation or divorce.
2. Copy of students or parent's 2016 federal tax return and W-2's.
3. Proof of expected support for the year of 2017-total for the year from all sources. List on back of form and attach documentation.

DEATH OF PARENT OR SPOUSE **Documentation Required:**

1. Copy of signed death certificate.
2. Copy of student/spouse or parent 2016 Federal income tax return and W2's.
3. Proof of expected income for 2017.

EXCESSIVE MEDICAL AND/OR DENTAL EXPENSES – *These expenses must be amounts of medical/dental expenses paid by the student/parent that were not covered by insurance. These expenses must exceed 7.5% of the adjusted gross income to be considered.* **Documentation Required:**

1. Copy of federal form 1040 including Schedule A or documentation of medical/dental bills paid.

ONE TIME LUMP SUM SPENT ON ANOTHER LIVING EXPENSE (from pension, severance, real estate,

etc.) **Documentation Required:**

1. Federal 1040 or 1040A tax return and/or letter of explanation with documentation of payment.

SIBLING PRIVATE SCHOOL TUITION PAID **Documentation Required:**

1. Letter from private elementary or secondary school stating student's name and the amount of tuition paid to that institution for education.

PARENT(S) ATTENDING COLLEGE AT LEAST HALF-TIME **Documentation Required:**

1. Letter from the registrar at the college or university that the parent(s) attend stating enrollment status.

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PROJECTED EARNINGS FOR 2017

(Everyone must complete this section for the family member(s) special circumstance involves)

Complete the following table with the most accurate estimate possible for earnings for the year 2017. Indicate "0" for items that do not apply. Provide verification of all projected income including copy of last pay stub and explanation of current employment status (wage rate, hours per week, and number of weeks in 2017).

PLEASE NOTE: Students or parents who regain employment after special circumstances have been approved/processed, must report and provide income verification based on new information IMMEDIATELY to the Financial Aid Office. Adjustments will be made if eligibility changes. The Financial Aid Office reserves the right to request tax information at any time.

Jan. 2017-Dec. 2017	Student	Spouse	Mother	Father
Earnings from Work	\$	\$	\$	\$
Interest/Dividend Income Capital Gains	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Business/Farm Income	\$	\$	\$	\$
Pension/Annuity	\$	\$	\$	\$
Other (Indicate Sources)	\$	\$	\$	\$

Certification:

I certify that all the information and documentation that I have provided regarding this petition is true and complete.

Student's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Office Use Only – Do Not Write In This Area		
Approved _____	Denied _____	Reviewed By: _____
Date: _____	Action Taken: _____	_____

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