



2016-17 Financial Aid Special Circumstances Request

Last Name _____ First Name _____ Mustang ID# _____

You and your family may report unusual circumstances that impact your ability to pay for education costs while attending SMSU. *This form is to be completed only after you have already filed and received the results back from the 2016-2017 Free Application for Federal Student Aid (FAFSA).* Please complete any of the required information appropriate to your circumstances.

Be sure to provide this form, a typed letter explaining your circumstances and pertinent 3rd party documentation to verify your circumstances. Complete all required signatures in Section II based upon your dependency status.

****Forms without cover letter, documentation, and necessary signatures will not be processed.****

The information provided on your original application may not be adjusted if your income reduction is not significant, appears inconsistent, or seems inadequate to support your family size as estimated. Likewise, expenses for consumer goods and lifestyle choices may not be supported with additional financial aid resources.

SECTION I *Check all applicable items and answer the questions that apply to you and your family.*

1) ___ Loss or Reduction of Income.

- A) ___ Loss of income from employment/wages – can be cut in hours or complete job loss (Dislocated Worker). Please provide a letter from employer stating reason and date for reduction or termination, a year-to-date earnings statement and a copy of the student and/or parent 2015 Federal Tax Return.
- B) ___ Loss from Business/Farm due to bankruptcy, foreclosure or natural disaster. You must provide a letter from your accountant, attorney or banker outlining the circumstances and a copy of the student and/or parent 2015 Federal Tax Return.
- C) ___ Loss from Public Assistance (Social Security or Welfare). You must provide letter from funding agency documenting change in status for parent or student affected.
- D) ___ Other (explain and attach third party documentation): _____

2) ___ Change in Family Size since filing the FAFSA.

- A) ___ One of the student’s parents or spouse has died. Write in the name of parent/spouse and date of death. _____ / _____. Must provide documentation (copy of death certificate, obituary or funeral announcement).
- B) ___ You or your parent has become separated or divorced. You must provide a letter documenting the date of separation or divorce along with a list of dependent children who will live with you or in your parent household, any arrangement of monthly maintenance support and expected division of assets. Date of separation or divorce _____
- C) ___ Other (explain and attach third party documentation): _____

3) ___ Unusual Medical and Dental Expenses (must be >10% of AGI)- for independent students/spouse, or parents of dependent students.

(Please attach copies of bills showing amount not paid by insurance. Must not be a reimbursable expense.)

How much did you pay for your medical/dental insurance in 2015? (*Do not include employer’s contribution*). \$ _____

Amount paid for 2015 medical/dental expenses not covered by insurance? \$ _____

Amount paid for 2016 medical/dental expenses not covered by insurance? \$ _____

Over

4)___ Budget Adjustment

You may document requests for possible adjustments to your financial aid educational budget while attending SMSU. This may be based upon travel, personal expenses, maintaining additional households, personal computer costs for school related work or other expenses above those determined as standard costs for a student to attend. Those outlined will be reviewed for consideration, with the final decision regarding any adjustment resting with the Financial Aid Director.

5)___ A parent will be attending college at least half-time, during the 2016-17 school year. Please complete the following information for the parent. PLEASE NOTE: IF THE PARENT WILL NOT BE ATTENDING SMSU, YOU MUST OBTAIN PROOF OF REGISTRATION FROM THE COLLEGE THEY ARE ATTENDING AND ATTACH IT TO THIS FORM.

Parent's Name _____ School _____ School ID# _____

6) ___ Dependency Override

In very rare cases, SMSU will grant a dependent student, independent status. The student must clearly document the reason they are requesting the dependency override. The reason must be an exceptional circumstance like: unable to have contact with parents, unable to locate parents, or the parents are in a foreign country and the student is unable to obtain financial information. (You must be able to supply third party documentation from a social worker, counselor, etc)

SECTION II – Parent Contact Information

Parent Email Address: _____ Parent Cell Phone #: _____

SECTION III – CERTIFICATION STATEMENT (You must complete this section)

WARNING: If you purposely give false or misleading information on this form, you may be subject to a \$20,000 fine, a prison sentence, or both. We certify that the information provided on this form is complete and accurate to the best of our knowledge.

Student's Signature _____ Date _____

Spouse's Signature (if married) _____ Date _____

Father's Signature (if dependent) _____ Date _____

Mother's Signature (if dependent) _____ Date _____

Submit this form along with all requested documentation to:

SMSU – Financial Aid Office

IL 145

1501 State Street

Marshall, MN 56258

Fax: 507-537-6275

Phone: 507-537-6281

*****Forms turned in without requested documentation, cover letter and necessary signatures will not be processed*****