



Financial Aid Office • 6399 S Santa Fe Dr • Littleton CO 80120

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Special Circumstances Request 2016-17

Name _____ Student ID # _____
Last First MI

Email _____ Phone # _____

Check one condition which best describes the change in your financial situation. Sign below & complete the appropriate enclosed form. ATTACH ALL REQUIRED DOCUMENTATION.

- Unemployment or change in employment which has drastically reduced your and/or your spouse's income. (Form A)
- Loss of untaxed income of at least \$5000 since December 31, 2015. (Form A)
- Death of spouse/divorce after FAFSA was completed. (Form A)
- Unusual medical or dental expenses. (Form B)

Student's Signature: _____ Date: _____

<p><u>Office Use Only:</u> Processed by: _____ Confirmation email sent to student on : _____</p>
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Name _____ Student ID # _____
Last First MI

Check the reason for the reduction in your family's income:

- Unemployment or change in employment resulting in drastically reduced adjusted gross income

Submit: Personal letter of explanation, 2015 federal tax return, 2015 W-2(s), 2015 pay stub(s).

If applicable, also submit:

- Doctor's statement detailing length and type of disability.
- Monetary determination letter from Unemployment.

- Death of spouse or divorce from spouse

Submit: 2015 federal tax return, 2015 W-2(s), copy of death certificate or divorce court filings

- One-time income (examples: inheritance, IRA or pension distribution)

Submit: Personal letter of explanation (include how funds were spent), 2015 federal tax return, 2015 W-2(s), documentation identifying source of income.

- Program requirements in your field of study restrict the number of hours you can work for all or part of the 2016-17 academic year (8/29/2016 – 8/25/2017).

Submit: Personal letter of explanation, 2015 federal tax return, 2015 W-2(s).

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**Form A, page 2
Income Reduction**

Complete the anticipated income for Jan 1 through Dec 31, 2016:

	<u>Student</u>	<u>Spouse</u>
Wages, salaries, tips:	_____	_____
Unemployment compensation:	_____	_____
Severance pay:	_____	_____
Untaxed social security benefits:	_____	_____
Alimony/Child support received:	_____	_____
ADC/Welfare benefits:	_____	_____
Business income:	_____	_____
Other untaxed income:	_____	_____

Certification:

All of the information on this form is true and complete to the best of my knowledge. I agree to submit proof of the information that I have given in this form. I also realize that if I do not give required proof, my request will not be processed.

Student Signature: _____ **Date:** _____

Special Circumstances Request

Form B Unusual Medical Expenses

Name _____ Student ID # _____
Last First MI

1. How much did you and/or your spouse pay for medical/dental insurance in 2015? \$ _____
2. What were your and/or your spouse's medical/dental expenses not paid by insurance? \$ _____

Required Attachments:

1. List and include receipts for 2016 medical/dental expenses paid out of pocket
2. 2015 federal tax return, 2015 W-2(s)

Certification:

All of the information on this form is true and complete to the best of my knowledge. I agree to submit proof of the information that I have given in this form. I also realize that if I do not give required proof, my request will not be processed.

Student Signature: _____ **Date:** _____