



2016-17 REQUEST FOR REVIEW OF SPECIAL CIRCUMSTANCES

Student name

Whitworth I.D. number or Social Security number

Check the box below (or on other side of this sheet) that reflects your situation and return this completed form along with

- a brief explanation regarding your situation on page 2 of this form;
• any additional documentation listed below.

Loss of Income (loss of 2016 income should be 20% or greater than what was reported on the 2016-17 FAFSA).

My family's income will decline in 2016-17 due to (check appropriate box(es) below and complete required table below for estimated income):

- unemployment retirement change of employer reduction in hours loss of child support

Additional documentation required: Copy of employment termination or notification of reduction in hours from employer, along with most recent Statement of Unemployment Benefits (if applicable)

One-time Income Received in 2015

Additional documentation required: Copy of proof of the one-time income (ex. 2015 W-2s, tax schedules, 1099s, etc.)

Death of a Wage Earner

Additional documentation required: Copy of the death certificate, documentation of any insurance payment expected to be received, all W-2 wage statements

Divorce/Separation

Additional documentation required: Copy of legal separation or divorce papers, W-2 wage statements, clear documentation concerning expected child and/or spousal support payment or receipt

FOR THOSE WITH LOSS OF INCOME

PLEASE COMPLETE THE SECTIONS IN THE TABLE BELOW THAT ARE APPLICABLE TO YOUR REQUEST

Table with 2 columns: Description and Calendar Year (Jan. 1, 2016- Dec. 31, 2016). Rows include Parent's Estimated Income Information (Father, Mother, other taxable, other non-taxable) and Student's Estimated Income Information (Student, Spouse, other taxable, other non-taxable).

Continued on next page...▶

**Private-school tuition K-12**

Additional documentation required: Copy of the private school tuition contract(s) for the 2016-17 school year.

**A parent attending college (when attendance is necessary for employment or retraining)**

Additional documentation required: Written statement explaining why the parent is attending college and proof of the out-of-pocket college expenses.

**Extraordinary expenses (Please provide documentation of expenses.)**

Extraordinary medical/dental expenses not covered by insurance.

I/We are supporting another family member who was not considered on our FAFSA submission.

Relationship to student: \_\_\_\_\_ The amount we pay for this person is \$ \_\_\_\_\_ /month.

**Explanation regarding your situation (attach additional page if more space is needed);**

The following unusual circumstances limit my/our ability to assist with educational expenses:

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

**CERTIFICATION: We/I certify that the information provided on this form is true and that the figures provided are accurate to the best of our/my ability. We/I understand that these changes are to be reviewed for the 2016-17 academic year only.**

**\*\* A parent signature from the parent whose information was reported on the FAFSA is required if the adjustment request is for parent income or expenses.**

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or spouse's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime phone #

\_\_\_\_\_  
Daytime phone #

\_\_\_\_\_  
Email

\*\*\*\*\*Incomplete appeals will not be processed. If you have questions, please contact the financial aid office.\*\*\*\*\*

**RETURN THIS FORM TO  
FINANCIAL AID OFFICE**

300 WEST HAWTHORNE ROAD, SPOKANE, WA 99251  
509.777.3215 509.777.4601 (FAX) [finaid@whitworth.edu](mailto:finaid@whitworth.edu)

**Please allow 15 business days to process complete requests.**

**WHITWORTH USE ONLY**

**Changes made to federal methodology will be for** estimated year, expected year, specified Year Adjustment

**Data Element                      FAFSA ISIR #                      New FAFSA Amount**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**EFC/ %:**                      \_\_\_\_\_ / \_\_\_\_\_                      \_\_\_\_\_ / \_\_\_\_\_

**Checklist:**

\*PJ done last year?

\*Need analysis comments in NASU.

\*Changes have been requested on ISIR.

\*Verification done based on prior year

\*Revise Award

\*Mark yes for PJ in NASU/CPSR

\*Correction Received

Whitworth Use Only:

PV as PJ    Track as F16SCFC  
REVC code

C:\Users\tmitchell\Desktop\SpecialCircumstancesForm.doc