



2017-18 REQUEST FOR REVIEW OF SPECIAL CIRCUMSTANCES

Student name

Student I.D. number

Please check one or more of the following boxes that reflect your situation, and return this completed form along with additional documentation required for your circumstance.

Loss of Income in 2016: Submit a signed copy of your 2016 Federal Tax Return.

Please Complete This Table

Table with 2 columns: Description and 2016 Calendar Year. Rows include Parent's Income Information and Student's Income Information.

My family's income did decline due to (check appropriate box(es):

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

(Please provide more information in the explanation area on the back side of this form.)

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

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.)

Private school tuition K-12
Additional documentation required: Proof of private school tuition and fee payments for the 2015 calendar year.

A parent attending college

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

Extraordinary expenses. Submit a signed copy of your 2016 Federal Tax Return and 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 in support of this person is

\$ _____ /month.

Explanation regarding your situation: (Attach an additional page if you need more space.)

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

CERTIFICATION: I/We certify that the information provided on this form is true and that figures provided are accurate to the best of our/my ability. I/We understand that these changes are to be reviewed for the 2017-18 academic year only.

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

Student's signature

Date

Parent or spouse's signature

Date

Daytime phone number

Daytime phone number

Email

Complete and return this form to

FINANCIAL AID OFFICE

300 WEST HAWTHORNE ROAD, SPOKANE, WA 99251

509.777.3215 509.777.4601 (FAX) finaid@whitworth.edu

Please allow us 15 business days to review and process completed forms.

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

Print as PJ Track as PJ/SCPC

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Files\Content.Outlook\S6MYNACT\17SpecialCircumstancesForm.docx

REVC code