



2020-21
SPECIAL CIRCUMSTANCES FORM

Financial Aid Office

901 Eden Road, Lancaster PA 17601
Phone 717.560.8254 | Fax 717.560.8216

Student Name: \_\_\_\_\_ Last four digits of SS#: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

You may request a recalculation of your financial aid if your situation has changed from what is reported on the 20-21 FAFSA. Check the circumstance that applies and return with the required documentation to the Financial Aid Office.

- Checklist: Complete and Sign this Appeal Form.
Send a signed statement explaining the details surrounding your appeal. Be specific and detailed.
Include ALL required documentation for your special circumstance as listed in the chart below.

REQUIRED: For all circumstances, you must attach a signed statement explaining the details surrounding the appeal. Please be specific and include pertinent information that will help the Financial Aid Office understand your particular situation.

The Financial Aid Office may request additional information as part of our review.

Table with 4 columns: Special Circumstances (Check One), For An Independent Student, For A Dependent Student, and Required Documentation. Rows include Loss of Employment or Reduction of Income, Loss of Benefits (Social Security, Child Support, Alimony), Separation/Divorce, Death of a Parent or Spouse, and One-time Income.

Estimate to the *best of your ability* the income from the following sources that you and your household will receive during the **2020 calendar year (January 1, 2020 to December 31, 2020)**.

Complete each item in the following section. If you do not have income from a particular source, write zero.

<b>GROSS Income/Benefits for 1/01/2020 – 12/31/2020 (Before tax deductions)</b>	<b>Parent 1</b> (father, mother, step-parent)	<b>Parent 2</b> (father, mother, step-parent)	<b>Student</b>	<b>Spouse</b>
ACTUAL Wages, Salaries, Tips (Gross Income Pre-Tax) <b>January 1, 2020 through Today</b>	\$	\$	\$	\$
ESTIMATED Wages, Salaries, Tips (Gross Income) <b>Today through December 31, 2020</b>	\$	\$	\$	\$
Unemployment Compensation	\$	\$	\$	\$
Pensions/Distributions	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Interest/Dividend Income	\$	\$	\$	\$
Housing or Other Allowances (clergy, military, etc.)	\$	\$	\$	\$
Other untaxed income (earned income credit, worker's compensation, payments to IRA/Keogh, etc.) <b>Source:</b> _____	\$	\$	\$	\$
Child Support Received	\$	\$	\$	\$
Child Support Paid	\$	\$	\$	\$
Veterans Non-education Benefits	\$	\$	\$	\$
<b>Estimated GROSS/Pre-Tax Total Income for 2020</b>	\$	\$	\$	\$

I certify that the information provided in this appeal is true and complete to the best of my knowledge. If my situation changes, then I certify that I am responsible to notify the Financial Aid Office. I also agree to provide additional proof of the information given if requested by Financial Aid Office. ***I understand that if the information is incomplete or lacks the required documentation, no action will be taken.***

**NOTICE: Pennsylvania residents who are not already receiving the maximum PA State Grant award should request special considerations due to loss of income or other extenuating circumstances. Please contact the State Grant Division at 1-800-692-7392 [www.pheaa.org](http://www.pheaa.org)**

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Spouse's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Mother's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Father's Signature**

\_\_\_\_\_  
**Date**

**Office Use Only** Comments: \_\_\_\_\_

Financial Aid Advisor/Administrator: \_\_\_\_\_ Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Approved  Denied Old EFC: \_\_\_\_\_ New EFC: \_\_\_\_\_

Prior year special circumstance:  Yes  No Situation: \_\_\_\_\_