

**WINTHROP UNIVERSITY
OFFICE OF FINANCIAL AID**

**Special Circumstances Request - Independent
2021-2022**

Student's Name _____

Winthrop ID Number _____

Special consideration is generally given only for those circumstances described below because many adjustments are already considered in the calculation from the FAFSA. Typically, the only additional type of financial aid the student may be eligible to receive is the federal Pell Grant. Graduate and second degree undergraduate students are not eligible to receive the federal Pell Grant. The reduction in expected family contribution may create more federal Subsidized Loan eligibility, thus reducing the amount of the Unsubsidized Stafford Loan.

Please Note

- Deadline to submit request: March 1, 2022
- **Complete Step One, Step Two and Step Three of this form**
- Processing time for the *Special Circumstances Request* is 4 weeks. Submission of the *Special Circumstances Request* in no way guarantees an adjustment to the student's financial aid and does not waive payment deadline dates. We recommend that the student complete all current award requirements and accept any financial aid the student wishes to use to pay his/her bill.

Step One –Reason(s)

Please check	Reason for Appeal	Required Documentation
<input type="checkbox"/>	<p>Unexpected change of employment status/significant reduction in income for at least 8 weeks.</p> <p style="text-align: center;"><input type="checkbox"/> Student <input type="checkbox"/> Spouse</p>	<ol style="list-style-type: none"> 1. Letter from previous and/or current employer stating: last date of employment and/or reason for unemployment/decrease in pay 2. Proof of 2020 earnings up to the last date of employment (e.g. last pay stub showing year-to-date earnings) 3. Proof of unemployment benefit amount (including proof of year-to-date amounts received) or statement stating that you do not qualify for unemployment in 2020
<input type="checkbox"/>	<p>Loss of benefits and/or untaxed income for at least 8 weeks (e.g. child support, pension, workers compensation, etc)</p>	<ul style="list-style-type: none"> • Documentation of year-to-date 2020 amount (if applicable) • Documentation certifying loss of benefit or untaxed income
<input type="checkbox"/>	<p>Divorce/Separation</p> <p>*Note – You (and/or spouse) must have been separated for at least eight consecutive weeks before completing this form</p>	<ul style="list-style-type: none"> • A copy of the divorce decree or a copy of the separation agreement and W2s from each person OR • A signed statement stating date of separation and proof of separate residences for each person and W2s from each person.
<input type="checkbox"/>	<p>Medical/Dental (paid medical bills)</p>	<ul style="list-style-type: none"> • Total out-of-pocket paid medical/dental expenses not covered by insurance that are in excess of 11% of your adjusted gross income may be considered. If you meet these criteria, contact the Office of Financial Aid for a <i>Medical/Dental Adjustment Request Form</i>.

Step Two – Required Documentation

1. A brief letter describing the circumstances that merit consideration
2. Submit Independent Verification forms (not required if you previously submitted for 2021-2022).
 - 21/22 Independent Verification (www.winthrop.edu/finaid/forms).
 - 21/22 Tax Return Verification Student – Independent (www.winthrop.edu/finaid/forms).
 - **Note – if you previously used the FAFSA Data Retrieval Tool to provide tax information, you will also have to provide a copy of your IRS tax return to the financial aid office for the Special Circumstances process**

Step Three – Projected Income

Sources of Income <i>(If item does not apply, write in \$0)</i>	Actual (Jan 1 – Today 2021)		Estimated (Today – Dec 31, 2021)		2021 Total
Gross Wages/Tips/Severance – Student		+		=	
Gross Wages/Tips/Severance – Spouse		+		=	
Other Taxable Income (Alimony, Social Security, Retirement, etc.) (type _____)		+		=	
Taxable Pensions and Annuities		+		=	
Business Income/Loss		+		=	
Unemployment Benefits		+		=	
Untaxed Income (Pension/Annuities, Disability, etc.) (type _____)		+		=	
Child Support received for all children		+		=	
Other (type _____)		+		=	
TOTAL 2021 Estimated Income		+		=	

By signing below, I certify that the information provided on this form is true and correct to the best of my knowledge. I understand that completing this form does not guarantee that financial aid will be increased. I understand that if I do not submit any missing information within 30 days of the request, my Special Circumstances Request will be cancelled by the Office of Financial Aid. The Office of Financial Aid reserves the right to review all requests on a case by case basis and make adjustments if deemed appropriate. Finally, I understand that the financial aid administrator's decision is final and cannot be appealed to the U.S. Department of Education.

Student's Signature

Date

Spouse's Signature (if applicable)

Date

Student's E-mail