

**WINTHROP UNIVERSITY
OFFICE OF FINANCIAL AID**

**Special Circumstances Request - Independent
2023-2024**

Student's Name _____

Winthrop ID Number _____

Please Note

- Deadline to submit request: March 1, 2024
- 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, and the possibility of reallocating some of the unsubsidized loan into a subsidized loan (if they aren't already receiving the maximum allowable amount based on grade level).

Step One – Initial Paperwork

1. A brief letter describing the special circumstances to be considered.
2. Submit the following Independent Verification forms:
 - a. 23/24 Verification - Independent (www.winthrop.edu/finaid/forms).
 - b. 23/24 Tax Return Verification Student - Independent (www.winthrop.edu/finaid/forms).
 - c. SIGNED copy of your 2021 federal tax return (1040)

Step Two – Reason for Request

Check One	Reason for Appeal	Required Documents
<input type="checkbox"/>	<p>Reduction in income for at least 8 weeks (example: loss of employment)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Student</p> <p style="margin-left: 20px;"><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. Most recent pay stub showing year-to-date earnings. 3. Proof of unemployment benefit amount or statement that you do not qualify for unemployment.
<input type="checkbox"/>	<p>Divorce/Separation</p> <p>*Note – You (and/or your spouse) must be separated for at least eight weeks before submitting this form.</p>	<ol style="list-style-type: none"> 1. A copy of the divorce decree or separation agreement OR a signed statement stating date of separation and proof of separate residences. 2. 2021 W2's for each person.
<input type="checkbox"/>	<p>Medical/Dental (paid medical bills)</p>	<ol style="list-style-type: none"> 1. 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 Three – Projected Income

Sources of Income (If item does not apply write in \$0)	Actual (Jan 1 – Today 2023)		Estimated (Today – Dec 31, 2023)		2023 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		+		=	
Other Untaxed Income (Pensions/Annuities, Disability, etc.) Type: _____		+		=	
Other: _____		+		=	
TOTAL 2023 Estimated Income		+		=	

Processing time for the *Special Circumstances Request* takes approximately 4-5 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 aid requirements and accept any financial aid the student wishes to use to pay his/her bill.

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 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