

ALVERNIA UNIVERSITY

2018-2019 Special Circumstance Review Form

Student Name: _____

Student ID: _____

You indicated to our office that you have special circumstances that you are not able to include on the 2018-2019 Free Application for Federal Student Aid (FAFSA). In order for us to take these circumstances into consideration, please indicate the circumstance that best describes your current situation. This information will be used to reevaluate your family's circumstances to determine if any additional aid can be granted.

REQUIRED DOCUMENTATION*	<input type="checkbox"/> Written Detailed Statement of Circumstance <input type="checkbox"/> 2018-2019 Verification Worksheet (Dependent or Independent) <input type="checkbox"/> Parent 2016 Federal Tax Return/Transcript <input type="checkbox"/> Parent 2016 W-2(s) <input type="checkbox"/> Student/Spouse 2016 Federal Tax Return/Transcript <input type="checkbox"/> Student/Spouse 2016 W-2(s)
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***Your FAFSA information must be verified before any special circumstance review can be completed. Please provide the above documents in addition to those listed for your particular situation.**

Special Circumstance	For Dependent Students	For Independent Students	Additional Documentation
<input type="radio"/> Loss of Employment/Income From Work (Greater than 25% of Original Income)	Your parent(s') or your income earned in will be less than that earned in 2016.	Your (and/or your spouse's) income earned in will be less than that earned in 2016.	<input type="checkbox"/> Termination Notice from employer <input type="checkbox"/> Last paystub showing Year-to-Date earnings <input type="checkbox"/> Final Determination Notice for unemployment <input type="checkbox"/> 2017 Federal Tax Return/W2s
<input type="radio"/> Legal Separation or Divorce	Your parents have separated or divorced AFTER filing the FAFSA.	You and your spouse have separated or divorced AFTER filing the FAFSA.	<input type="checkbox"/> Divorce Decree or Separation Agreement
<input type="radio"/> Death of a Parent or Spouse	A parent passed away AFTER filing the FAFSA.	Your spouse passed away AFTER filing the FAFSA.	<input type="checkbox"/> Death Certificate
<input type="radio"/> Unusual Medical/Dental Expenses Not Covered By Insurance and paid in calendar year 2017 or 2018	Your parent(s') and/or your medical expenses paid in exceeded 11% of your total income. <input type="checkbox"/> 2017 <input type="checkbox"/> 2018	Your (and/or your spouse's) medical expenses paid in 2017 exceeded 11% of your total income. <input type="checkbox"/> 2017 <input type="checkbox"/> 2018	<input type="checkbox"/> Payments of medical bills <input type="checkbox"/> Letter from insurance company detailing medical expenses not covered and paid to date
<input type="radio"/> One Time Payment Received	Your parent(s') received a one-time lump sum payment of monies in 2016.	You (and/or your spouse) received a one-time lump sum payment of monies in 2016.	<input type="checkbox"/> Documents Detailing One-Time Payment (Amount, Source, Reason)

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The Office of Student Financial Planning will make every effort to complete your special circumstance request as quickly as possible. The sooner you are able to provide the required documentation, the sooner we will be able to provide you a response to your request. In some circumstances, it may take up to eight weeks to complete the review process. You are responsible for any outstanding balance due to the University while this process is in review. Options for the outstanding balance include a payment plan, a Federal PLUS Loan, or a private loan which may be adjusted at any time after completion of the special circumstance review.

The Office will begin reviewing special circumstance requests in early spring prior to the start of the academic year for which the request is being made. All requests and documentation must be submitted no later than April 1 of the following year. Requests and/or documentation received after this date will not be honored.

The Office of Student Financial Planning must complete verification of your original data if required by the Department of Education, review your submitted request, and notify you in writing by either providing you with a revised award package or notifying you the review resulted in no change in your financial eligibility. Please note that arrangements to cover your current balance must be made regardless of the status of your special circumstance request.

By my signature below, I certify that all of the information for this review, both on this form and the supporting documentation is true and complete to the best of my knowledge. I further understand that if the revised award package is completed prior to the receipt of all the requested documentation and a final review results in erroneous, under or overestimated data, my award package will be adjusted accordingly. The Office makes no guarantee that a special circumstance review will result in additional financial aid. I agree to notify the Office of Student Financial Planning of any changes to this information and/or any additional assistance that I receive for educational purposes. I also certify that I will use any Federal Title IV aid, State, and/or institutional aid I receive during the award year covered by this request solely for expenses related to my attendance at Alvernia University.

Student Signature

Date

Parent Signature

Date

Student Financial Planning Office
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