



# 2020-2021 Special Circumstance Review

## Federal Student Aid Programs

Student Financial Services

400 Saint Bernardine Street

Reading, PA 19607

610-796-8201 / 610-796-8336 FAX

[sfs@alvernia.edu](mailto:sfs@alvernia.edu)

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Completed by: ☐ Student / Spouse  
☐ Parent of the above Dependent Student

You indicated to our office that you have special circumstances that you are not able to include on the 2019-2020 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.

<b>Required Documentation*</b>	<input type="radio"/> Written Detailed Statement of Circumstance
	<input type="radio"/> 2020-2021 Verification Worksheet (Dependent or Independent)
	<input type="radio"/> Parent(s) 2018 W-2(s) (if Dependent Student)
	<input type="radio"/> Parent(s) 2018 1040 Form and IRS Tax Return Transcript (if Dependent Student)
	<input type="radio"/> Student/Spouse 2018 W-2(s)
	<input type="radio"/> Student/Spouse 2018 1040 Form and IRS Tax Return Transcript

**\*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 2019 or 2020 is or will be less than that earned in 2018.	You and/or your spouse's income earned in 2019 or 2020 is or will be less than that earned in 2018.	<input type="radio"/> Termination Notice from employer <input type="radio"/> Last paystub showing Year-to-Date earnings <input type="radio"/> Final Determination Notice for unemployment <input type="radio"/> 2019 1040 Form and IRS Tax Return Transcript & W-2(s)
<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="radio"/> 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="radio"/> Death Certificate
<input type="radio"/> Unusual Medical/ Dental Expenses Not Covered by Insurance and PAID in the Calendar Year 2019 or 2020	Your parent(s') and/or your medical expenses paid exceeded 11% of total income for: <input type="radio"/> 2019 <input type="radio"/> 2020	You and/or your spouse's medical expenses paid exceeded 11% of total income for: <input type="radio"/> 2019 <input type="radio"/> 2020	<input type="radio"/> Letter from Insurance Company detailing medical expenses not covered and paid to date <input type="radio"/> Payments of Medical Bills
<input type="radio"/> One-Time Payment Received	Your parent(s') received a one-time lump sum payment of monies in 2018.	You and/or spouse received a one-time lump sum payment of monies in 2018.	<input type="radio"/> Documentation Detailing One-Time Payment (Amount, Source, Reason) or 1099-R



## 2020-2021 Special Circumstance Review

### Federal Student Aid Programs

Student Financial Services  
400 Saint Bernardine Street  
Reading, PA 19607  
610-796-8201 / 610-796-8336 FAX  
[sfs@alvernia.edu](mailto:sfs@alvernia.edu)

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

*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.*

Are all of the documents needed being submitted at the same time of this form?

Yes

No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**DO NOT mail a copy of this form or documents to the Department of Education.  
Submit this form to the Student Financial Planning Office at Alvernia University using the contact information above.  
Please retain a copy of this form and all documents submitted for your records.**