



**Special Financial Circumstances Information**  
2011-2012 Academic Year

**NOTE: All students requesting review of current financial aid status based on special financial circumstances MUST have completed the 2011-12 Free Application for Federal Student Aid (FAFSA). This form is completed online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov).**

Because certain situations and events can affect a family's ability to pay for college, it is important that you make us aware of unusual financial circumstances that you believe are not reflected accurately on the Free Application for Federal Student Aid (FAFSA). If your Expected Family Contribution (EFC) is currently \$0, this form will not affect your aid. Please understand that we have limits on what we can do, but we will look at your individual situation carefully.

The following are NOT considered *special financial circumstances*:

- Private elementary or secondary school tuition (unless required by learning disabilities and the like),
- Pending reduction in income due to fluctuating commissions, consumer debt (unless necessitated by economic hardship),
- Refusal of a parent to provide financial support to the applicant/student,
- Anything that "might happen" in the future

Following this cover letter is our "Special Financial Circumstances Form" that will assist you in explaining your situation. **You will be required to complete and submit the [2011-12 Verification Worksheet](#) and provide all pertinent tax information required. The "Special Financial Circumstance Form" will be pending the verification of your FAFSA.**

The results of this request for special financial circumstances consideration will be based on the individual circumstances outlined in the completion of this form. Students and/or parents will be notified **via email** of the appeal decision. Please remember that submission of this form does not guarantee an adjustment to the student's award.

If you have any questions, please feel free to email our office at [finaid@rhodes.edu](mailto:finaid@rhodes.edu). You may fax this completed form and supporting documents to (901) 843-3435.

**Financial Aid Office Use Only:**

<u>Initial</u>	<u>Date</u>	<u>Form / Process</u>
_____	_____	RNIAPPL-FAFSA RECEIVED
_____	_____	RNAOV12-VERIFICATION MSG. SET
_____	_____	ROAUSDF-PJ REQ / RDS SELECTED "Y"
_____	_____	RRAAREQ-VERIF TRK REQUIREMENT ESTABLISHED

**2011 – 2012 Special Financial Circumstances Form***Please PRINT clearly*

Student's Full Name \_\_\_\_\_ Student ID No. \_\_\_\_\_

Student E-mail Address \_\_\_\_\_

Student Cell Phone Number \_\_\_\_\_

Permanent Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Parent Name \_\_\_\_\_ Parent Day Phone Number (\_\_\_\_) \_\_\_\_\_

Parent Email Address \_\_\_\_\_

Parent Name \_\_\_\_\_ Parent Day Phone Number (\_\_\_\_) \_\_\_\_\_

Parent Email Address \_\_\_\_\_

Parent Cell Phone Number (Father/Stepfather): (\_\_\_\_) \_\_\_\_\_

Parent Cell Phone Number (Mother/Stepmother): (\_\_\_\_) \_\_\_\_\_

Which financial aid form(s) have you completed for 2011 – 2012?

\_\_\_\_\_ 2011 – 2012 FAFSA

\_\_\_\_\_ 2011 – 2012 CSS Profile

### Reason for Special Financial Circumstances Review

Following are questions that will help us understand why your household is experiencing a change in financial resources. Please complete all sections that apply to your situation.

#### **Loss/change of job/ reduction of income:**

Which person experienced a loss of, or changes in, income?

Father/Step  Mother  Student

Effective date: \_\_\_\_\_

Reasons for reduction/loss:

Job change  Reduced Overtime  Retirement  Termination by Employer

Other (please specify) \_\_\_\_\_

***Please attach documentation of change/loss of job or income.***

#### **Loss of untaxed income/benefits** (i.e. child support, unemployment, AFDC, housing allowance, etc.):

Person receiving the benefit:  Parent(s)  Student

Name of benefit(s) that were affected: \_\_\_\_\_ Date of change: \_\_\_\_\_

Amount received from January 1, 2011 to present: \$ \_\_\_\_\_

Amount to be received from present to December 31, 2011: \$ \_\_\_\_\_

***Please attach documentation of change/loss in untaxed income.***

#### **Parents' Separation/Divorce or Death of a Parent:**

Complete this section only if your parents separated or divorced **after** the 2011 – 2012 FAFSA was completed OR a parent died **after** the 2011 – 2012 FAFSA was completed.

##### ***For parents' separation/divorce:***

Which parent do you live with?  Father  Mother

Date of separation/divorce: \_\_\_\_\_ (month/year)

##### ***For death of a parent:***

Date of death: \_\_\_\_\_ (month/year)

Surviving parent:  Father  Mother

***Please attach separation/divorce decree or Death Certificate.***

#### **Unusually High Medical/Dental Expenses**

Write in the amount paid out-of-pocket in 2010 and expected to be paid in 2011 for medical and dental expenses. Do not include amounts reimbursed by insurance.

Total Paid out of pocket in 2010 \$ \_\_\_\_\_

Total Estimated to be paid out of pocket in 2011 \$ \_\_\_\_\_

***Attach a detailed explanation of the reported expenses and attach proof of unreimbursed expenses (insurance records, your doctor's records or estimates are acceptable).***

**2011 Estimated Household Income/Expenses**

Attach most recent pay stub showing new/changed salary, if applicable. Include last pay stub from any position terminated in 2011. Also, include documentation of unemployment benefits, retirement income, severance pay, etc.

ESTIMATED 2011 gross income from ALL sources for Father/Step-Father: \_\_\_\_\_

ESTIMATED 2011 gross income from ALL sources for Mother/Step-Mother: \_\_\_\_\_

ESTIMATED 2011 gross income from ALL sources for Student and Spouse (if appropriate): \_\_\_\_\_

TOTAL ESTIMATED 2011 GROSS INCOME FROM ABOVE: \_\_\_\_\_

**Estimated MONTHLY 2011 expenses for family:**

- Mortgage Payment or Rent: \_\_\_\_\_
- Utilities (power, water, gas): \_\_\_\_\_
- Cable/Satellite TV: \_\_\_\_\_
- Home phone, including long distance: \_\_\_\_\_
- Cell Phone: \_\_\_\_\_
- Auto Loan Payments: \_\_\_\_\_
- Food: \_\_\_\_\_
- Clothing: \_\_\_\_\_
- Other (please specify): \_\_\_\_\_
- Other (please specify): \_\_\_\_\_
- Other (please specify): \_\_\_\_\_

TOTAL ESTIMATED MONTHLY EXPENSES FROM ABOVE: \_\_\_\_\_

**YOUR REQUEST:**

Answering these questions will be most helpful in determining if and how we may assist. Thank you for your cooperation.

- What dollar amount of additional financial assistance are you and your family requesting, and how did you derive that figure?
  
- Are you willing to borrow a portion of your requested amount? \_\_\_\_\_. If not, please explain your hesitancy to do so:

