



**Special Financial Circumstances Information**  
2017-2018 Academic Year

**NOTE:** All students requesting review of current financial aid status based on special financial circumstances **MUST** have completed the 2017-18 Free Application for Federal Student Aid (FAFSA) incoming students will also need to complete 2017-2018 CSS PROFILE. See our website for links to these forms. <https://www.rhodes.edu/forms>

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 your need-based forms. *If your 2017-2018 Expected Family Contribution (EFC) is currently \$0, this form will not affect your aid and you should meet with a financial aid administrator to discuss your situation.* Please understand that we have limits on what we can do, but we will look at your individual situation carefully and thoughtfully.

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
- 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. **Financial Aid reserves the right to request additional documentation such as but not limited to 2016 IRS 1040 form, W-2 form, 2016 Tax Transcript or various tax return schedules for clarification. Consideration of your “Special Financial Circumstance Form” will be pending submission of all required documents.**

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** to parent and student 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).

**Financial Aid Office Use Only:**

<u>Initial</u>	<u>Date</u>	<u>Form / Process</u>
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- |       |       |  |
|-------|-------|--|
| _____ | _____ | RNIAPPL-FAFSA all students                           |
| _____ | _____ | CSS PROFILE RECEIVED Incoming Freshman Only          |
| _____ | _____ | RRAAREQ-TXSA15 or TXSA16 if Medical Expense          |
| _____ | _____ | RRAAREQ- PW215 or PW216 if Parent Separation/Divorce |
| _____ | _____ | ROAUSDF-PJ REQ                                       |

## 2017-2018 Special Financial Circumstance Form

Student's Full Name \_\_\_\_\_ Rhodes ID: **R 0 5** \_\_\_\_\_

### Section A: 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 and be sure to attach documentation of change to this form.

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

Write in the amount paid out-of-pocket in 2015 and expected to be paid in 2017 for medical and dental expenses. Do not include amounts reimbursed by insurance or claimed as deductions on your federal tax form.

Total Paid out of pocket in 2016 \$ \_\_\_\_\_

Total medical expenses claimed on Schedule A of the IRS tax form 2016 \$ \_\_\_\_\_

Total estimated to be paid out of pocket in 2017 \$ \_\_\_\_\_

**You must provide the following to be considered:**

- **a detailed explanation of the reported expenses**
- **attach proof of unreimbursed expenses (insurance records, your doctor's records)**
- **and 2016 IRS tax form Schedule A**

*Complete Sections C, D and E of this form*

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

Complete this section only if your parents separated or divorced after the 2017-2018 FAFSA was completed OR a parent died after the 2017-2018 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

**You must provide the following to be considered:**

- **a copy of W-2 from current parent.**
- **attach separation/divorce agreement or death certificate.**

*Complete Section B, C, D and E of this form*

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

Which person experienced a loss of, or changes in, income? *(Check all that apply)*

\_\_\_ Father/Step (Effective date: \_\_\_/\_\_\_/\_\_\_)      \_\_\_ Student (Effective date: \_\_\_/\_\_\_/\_\_\_)

\_\_\_ Mother/Step (Effective date: \_\_\_/\_\_\_/\_\_\_)

Reasons for reduction/loss: *(Check all that apply)*

\_\_\_ Job change    \_\_\_ Reduced Overtime    \_\_\_ Retirement    \_\_\_ Termination by Employer

\_\_\_ Termination by agency    \_\_\_ Other (specify) \_\_\_\_\_

\_\_\_ Lost Benefit (severance): \_\_\_\_\_ Amount received (if any) for the 2017-18 year: \_\_\_\_\_

**You must provide the following to be considered:**

- **Documentation of loss such termination notice.**
- **2016 Tax returns**
- **Last paystub**

*Complete Section B, C, D and E of this form*



### Section C: Statement of Appeal, continued

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### Section D: Additional Forms

**What financial aid form(s) have you completed for 2017-2018?** *All students requesting review of current financial aid status based on special financial circumstances MUST have completed the 2017-18 Free Application for Federal Student Aid (FAFSA) incoming students will also need to complete 2017-2018 CSS PROFILE. See our website for links to these forms.*

\_\_\_ 2017-2018 FAFSA                      Date Completed \_\_\_\_\_

\_\_\_ 2017-2018 CSS PROFILE      Date Completed \_\_\_\_\_

### Section E: Contact Information and Certification

Parent 1 Name \_\_\_\_\_ Email Address \_\_\_\_\_  
*(Do not list non-custodial parents)*

Parent 2 Name \_\_\_\_\_ Email Address \_\_\_\_\_  
*(Optional)*

**By signing below**, we (the parent and the student) affirm that the data contained on this form are true and complete to the best of our knowledge. Any falsification of data is an honor code infringement. I further understand that submission of this information does not guarantee an increase in my financial aid package. I further certify that if any information of the above information changes, I will notify the Financial Aid Office in writing of the changes.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail or fax completed form to:**

Rhodes College  
 Office of Financial Aid  
 2000 North Parkway  
 Memphis, TN 38112

Fax: (901) 843-3435  
 E-mail: [finaid@rhodes.edu](mailto:finaid@rhodes.edu)