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2023-2024 Request for Consideration of Special Circumstances

Stu	dent Name: ID:
on t	netimes families experience special circumstances which merit recalculation of their financial aid eligibility based he 2022 or 2023 information rather than the federally required 2021 information. This form is designed to ument those situations for review by the Office of Financial Aid. Please be advised that all professional judgment eal decisions are final.
	structions: o request a review of your extenuating financial circumstances
1.	
2.	Complete and submit this <i>Special Circumstance Form</i> to the Financial Aid Office.
3. 4.	Complete and submit 2023-2024 Dependent Student Verification Worksheet, if you are a dependent student. Complete and submit the 2023-2024 Independent Student Verification Worksheet, if you are an independent student.
5.	Submit a signed copy of parents' 2021 federal tax return, if you are a dependent student.
6.	Submit signed copy of students'/spouses' (if married) 2021 federal tax return, if you are an independent student or a signed copy of student's income 2021 federal tax return, if you are a dependent student.
	umstances: Isse check [√] the box beside the circumstances that apply to your situation and submit the necessary paperwork. Separation from Employment due to Layoff, Termination, or Disability in 2021 or 2022. * Letter from employer on company's letterhead including last date of employment * Unemployment benefits determination document * Documentation of year-to-date income for 2023 (last pay stub, severance pay, SSI benefits) and a signed copy of your 2022 federal tax return
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[]	Loss or Reduction of Untaxed Income Source (disability benefits, welfare benefits, child support)
	 Copy of Notification of benefits reduction/termination, including the effective date
	* Documentation of 2023 expected benefits
[]	 Documentation of 2023 year-to-date income (taxable and non-taxable) Separation or Divorce which occurred after applying for financial aid *Copy of court order, final divorce decree or legal separation agreement and 2021 W2s
[]	Death of a parent (or spouse) which occurred <u>after applying for financial aid</u> * Copy of death certificate and 2021 W2s
۱.	Other Unusual Circumstances or COVID-19 (Please Circle)
ι.	* A signed, dated letter explaining the situation
	* Any additional documentation you want the Financial Aid Administrator to consider

One-Time Income and/or One-Time Difference in Earnings between 2021 vs 2022

* A signed, dated letter explaining the situation * A signed copy of your 2022 Federal Tax Return

Student Name:		ID:			
Statement of Projected 2023 Income (annual amounts only):					
Statement of Projected 2023 income familiar amounts only).					
This section asks about income January 1, 2023 and December 31	, 2023. Please no	te if a question does	not apply to you or if you do		
not expect any income from that source, write in "0". Provide your best estimate for the remainder of the					
year.	Income Earned	fu a	Total Ducineted Income for		
Taxable Income	Jan 1, 2023 until		Total Projected Income for the entire 2023 year		
Father's earnings	Juli 1, 2023 until	11011	the chare 2023 year		
	\$		\$		
Mother's earnings					
	\$		\$		
Student's earnings					
	\$		\$		
Spouse's earnings			_		
	\$ Unto	xed Income	\$		
Social Security Benefits	Onta	xeu ilicollie			
Social Security Bellents	\$		\$		
Child Support Received			7		
••	\$		\$		
Public Assistance					
	\$		\$		
Other Untaxed Income (workman's			_		
compensation, VA non-educational benefits, cash support, etc.)	\$		\$		
Certification: I/we certify that the information proknowledge. I/we agree to provide meaning the control of th	nore detailed docu	mentation if required	. If additional changes occur		
during the 2023-2024 academic year	r that would alter	the information provi	ded on this form, I/we will		
immediately contact the Office of Financial Aid at Rose-Hulman. One parent signature is required if you are					
a dependent student.					
I / We understand that failure to pr	ovide the require	d documentation will	result in a denial of this appeal.		
Student's signature Date		Parent's Signature	Date		
Submit this worksheet to:		Parent's email addre	ess		

Rose-Hulman Institute of Technology Financial Aid Office 5500 Wabash Ave Terre Haute, IN 47803

Fax: 812-877-8259

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail or both.