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2021-2022 Request for Consideration of Special Circumstances

Stud	dent Name: ID:
the 2 thos	etimes families experience special circumstances which merit recalculation of their financial aid eligibility based on 2020 or 2021 information rather than the federally required 2019 information. This form is designed to document e situations for review by the Office of Financial Aid. Please be advised that all professional judgment appeal sions are final.
Ins	structions:
То	request a review of your extenuating financial circumstances
1.	Complete and send 2021-2022 FAFSA application.
2.	Complete and submit this Special Circumstance Form to the Financial Aid Office.
3.	Complete and submit 2021-2022 Dependent Student Verification Worksheet, if you are a dependent student.
4.	Complete and submit the 2021-2022 Independent Student Verification Worksheet, if you are an independent student.
5.	Submit a signed copy of parents' 2019 federal tax return, if you are a dependent student.
6.	Submit signed copy of students'/spouses' (if married) 2019 federal tax return, if you are an independent student or a signed copy of student's income 2019 federal tax return, if you are a dependent student.
	a signed copy of student's income 2015 rederal tax return, if you are a dependent student.
[]	se 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 2019 or 2020. * Letter from employer on company's letterhead including last date of employment * Unemployment benefits determination document * Documentation of year-to-date income for 2021 (last pay stub, severance pay, SSI benefits) and a signed copy or your 2020 federal tax return
l J	Excessive non-reimbursed medical and/or dental expenses *Summary of non-reimbursed medical and/or dental expenses * Statement from physician's office * Signed Copy of Schedule A from 2019 Federal Income Tax Return
[]	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 2021 expected benefits * Documentation of 2021 year-to-date income (taxable and non-taxable)
[]	Separation or Divorce which occurred <u>after applying for financial aid</u> *Copy of court order, final divorce decree or legal separation agreement and 2019 W2s
[]	Death of a parent (or spouse) which occurred <u>after applying for financial aid</u> * Copy of death certificate and 2019 W2s
[]	Other Unusual Circumstances or COVID-19 (Please Circle) * 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 2019 vs 2020

* A signed, dated letter explaining the situation

Student Name:		ID:	
Statement of Projected 2021 Incom	ne (annual amour	nts only):	
This section asks about income & 2021 and December 31, 2021. Plea income from that source, write in '	se note if a quest	tion does not apply to	you or if you do not expect any
Taxable Income	Income Earned Jan 1, 2021 unti	=	Total Projected Income for the entire 2021 year
Father's earnings	\$		\$
Mother's earnings	\$		\$
Student's earnings	\$		\$
Spouse's earnings	\$		\$
	Unta	axed Income	
Social Security Benefits	\$		\$
Child Support Received	\$		\$
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 moduring the 2021-2022 academic year immediately contact the Office of Fig. a dependent student.	nore detailed doc r that would alter	umentation if required the information provi	. If additional changes occur ded on this form, I/we will
I / We understand that failure to pr	rovide the require	ed documentation will	result in a denial of this appeal.
Student's signature Date		Parent's Signature	Date
Cultural Alaka arasilas la anti-		Parent's email addre	ess
Submit this worksheet to:			
Rose-Hulman Institute of Technolo	gy		
Financial Aid Office		I WADNING: If you or	irnocoly give false or micloading

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.