You indicated to our office that you have special circumstances that you are not able to include on the 2012 – 2013 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.

**REQUIRED DOCUMENTATION**

- □ Written Detailed Statement of Circumstance
- □ 2012-2013 Verification Worksheet (Dependent or Independent)
- □ Parent 2011 Federal Tax Transcript
- □ Parent 2011 W-2(s)
- □ Student/Spouse 2011 Federal Tax Transcript
- □ Student/Spouse 2011 W-2(s)

*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.*

<table>
<thead>
<tr>
<th>Special Circumstance</th>
<th>For Dependent Students</th>
<th>For Independent Students</th>
<th>Additional Documentation</th>
</tr>
</thead>
</table>
| Loss of Employment/Income From Work (Greater than 25% of Original Income) | Your parent(s’) or your income earned in 2011 will be less than that earned in 2011. | Your (and/or your spouse’s) income earned in 2012 will be less than that earned in 2011. | □ Termination Notice From Employer  
□ Last Paystub Showing Year-to-Date Earnings  
□ Final Determination Notice For Unemployment  
□ Benefit Notice From Employment Office |
| 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. | □ Divorce Decree or Separation Agreement |
| Death of a Parent or Spouse | A parent passed away AFTER filing the FAFSA. | Your spouse passed away AFTER filing the FAFSA. | □ Death Certificate |
| Unusual Medical/Dental Expenses Not Covered By Insurance Paid in Calendar Year 2012 | Your parent(s’) and/or your medical expenses paid in 2012 exceeded 11% of your total income. | Your (and/or your spouse’s) medical expenses paid in 2012 exceeded 11% of your total income. | □ Payments of Medical Bills  
□ Letter From Insurance Company Showing Medical Expenses Not Covered |
| One Time Payment Received | Your parent(s’) received a one-time lump sum payment of monies in 2010. | You (and/or your spouse) received a one-time lump sum payment of monies in 2011. | □ Documents Detailing One-Time Payment (Amount, Source, Reason) |
Please complete the table below to the best of your knowledge:

<table>
<thead>
<tr>
<th>Anticipated Income For 1/1/2012 – 12/31/2012</th>
<th>Student</th>
<th>Mother / Stepparent</th>
<th>Father / Stepparent</th>
<th>Spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages/Salaries/Income From Work</td>
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<tr>
<td>Other Taxable Income (Include Unemployment Benefits)</td>
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<td></td>
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<tr>
<td>Child Support Paid</td>
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<tr>
<td>Workman’s Compensation</td>
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<tr>
<td>Other Untaxed Income (Please Specify)</td>
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<td></td>
</tr>
<tr>
<td><strong>Total Anticipated Income</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

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. The Office will begin reviewing special circumstance requests in March 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 will complete verification of your original data, 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 over estimated data the 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.

__________________________  __________________________
Student Signature          Date

__________________________  __________________________
Parent Signature            Date

**HAVE YOU PROVIDED ALL OF THE FOLLOWING?**

- Written Detailed Statement of Circumstance
- Verification Worksheet (Either Dependent or Independent)
- Signed 2011 Federal Tax Transcripts
- 2011 Wage Statements
- All Required Documentation as Indicated
- Student’s Name on ALL Forms

Student Financial Planning Office
Alvernia University
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Reading, PA 19607
610-796-8356
FAX 610-796-8336
financialaid@alvernia.edu