

Student Financial Services

400 Saint Bernardine St, BH 114 Reading, PA 19607 610-796-8201 / 610-796-8336 FAX <u>sfs@alvernia.edu</u>

Student ID:

Completed by: O Student / Spouse O Parent of the above Dependent Student

Student Name:

You have indicated to our office that you have special circumstances that you are not able to include on the **2024-2025** Free Application for Federal Student Aid (FAFSA). 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	O Written Detailed Statement of Circumstance
Documentation*	O Verification Completion*
	O Copies of 2022 signed federal tax forms and W2/wage transcripts
	O Supporting Documentation related to Special Circumstance below

*If your FAFSA is selected for verification by the Department of Education or Alvernia University, 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.

Special Circumstance	For Dependent Students	For Independent Students	Supporting Documentation
 Loss of Employment/ Income from Work (Greater than 25% of Original Income) 	Your parent(s') or your income earned in 2023 or 2024 is or will be less than that earned in 2022.	You and/or your spouse's income earned in 2023 or 2024 is or will be less than that earned in 2022.	 Termination Notice from employer Last paystub showing Year-to-Date earnings
			 Final Determination Notice for unemployment
			 2023 1040 Form and IRS Tax Return Transcript & W-2(s)
 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
O Death of a Parent or Spouse	A parent passed away AFTER filing the FAFSA.	Your spouse passed away AFTER filing the FAFSA.	O Death Certificate
Unusual Medical/ Dental Expenses Not Covered by Insurance and PAID in the Calendar Year 2023 or 2024	Your parent(s') and/or your medical expenses paid exceeded 11% of total income for: 2023	You and/or your spouse's medical expenses paid exceeded 11% of total income for: 2023	 Letter from Insurance Company detailing medical expenses not covered and paid to date Payments of Medical
	○ 2024	○ 2024	Bills
One-Time Payment Received	Your parent(s') received a one-time lump sum payment of monies in 2022.	You and/or spouse received a one-time lump sum payment of monies in 2022.	 Documentation Detailing One-Time Payment (Amount, Source, Reason) or 1099-R
Other added expenses/debts not included in current FAFSA information	Non-exhaustive list of 2023 PAID Expenses related to: tuition-based elementary/secondary education; 2 nd professional licensure; disabled/elderly dependent care; debts related to UE, business closing, legal fees for divorce, adoption	Non-exhaustive list of 2023 PAID Expenses related to: tuition-based elementary/secondary education; 2 nd professional licensure; disabled/elderly dependent care; debts related to UE, business closing, legal fees for divorce, adoption	 Documentation Detailing Frequency of payments Amount(s) Source Reason



2024-2025 Special Circumstance Review Federal Student Aid Programs

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Student Name:_____

Student ID: ____

The Office of Student Financial Services will make every effort to complete your Special Circumstance request within 60 days of the initial request. The sooner you are able to provide the required documentation, the sooner we will be able to provide you a response to your request. You are responsible for any outstanding balance due to the University while this process is in review. Options for the outstanding balance include a payment plan, a Federal PLUS Loan, or a private loan which may be adjusted at any time after completion of the Special Circumstance review.

The Office will begin reviewing Special Circumstance requests in early spring 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 cannot guarantee completion of need analysis for the current academic year.

The Office of Student Financial Services must complete verification of your original data if required by the Department of Education, review your submitted request, and notify you in writing by either providing you with a revised financial aid offer or by 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 financial aid offer is completed prior to the receipt of all the requested documentation and a final review results in erroneous, under or overestimated data, my financial aid offer 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 Services 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.

Are all of the documents needed being submitted at the same time of this form?	Yes	No

If no, please explain:

Student Signature

Parent Signature (For Dependent Students)

DO NOT mail a copy of this form or documents to the Department of Education.

Submit this form to the Student Financial Services Office at Alvernia University using the contact information above. Please retain a copy of this form and all documents submitted for your records.

Date

Date