SHAW UNIVERSITY 1865 | Office of Financial Aid

Financial Aid Special Circumstance Application
2023-2024 Academic Year

Complete this application if you have experienced a significant change in household financial circumstances which may impact your financial aid eligibility and/or award. All necessary documentation must be submitted in order to be evaluated.

Section A: Information about You

Print the information requested below:

Student's Last Name First Name MI

Student's Address (Street # & Name)

Student's Shaw ID Number or SSN

City, State, Zip

Student's Home Phone # / Student's Cell Phone#

Student's Email Address

Section B: Information about Your Situation

Instructions

1. Check all special circumstances that apply to your situation and indicate which household member has experienced the change.
2. Submit: 1) a 2023 – 2024 V1 Verification Worksheet, 2) a copy of 2021 income tax return transcript for student and, if applicable, spouse or parent(s)/stepparent, 3) this form with all required documents as indicated below.

☐ **Unemployment for at least 90 Days** **or** ☐ **Change in employment status**

☐ Student ☐ Spouse ☐ Mother ☐ Father

Submit all applicable document(s):

- Letter from previous employer, on company letterhead, which includes dates of employment and reason for separation/termination
- Letter from current employer, on company letterhead, which includes reason for change in employment status (reduction of hours, decrease in wages, etc.) and date of change
- Current pay stub (change in employment status only)
- Official statement from unemployment office showing amount and frequency of benefits
- Retirement income statement
- Required: ESTIMATED INCOME TAX TABLE for 2023 calendar year (see page 3)

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Student's Full Name (FML) _____ Student ID # _____

☐ **Divorce** **or** ☐ **Separation**

☐ Student ☐ Parents

Submit: Copy of divorce decree or letter from an attorney verifying date of legal separation

☐ **Death (Submit: Copy of death certificate)**

☐ Spouse ☐ Mother ☐ Father

☐ **Disability** **or** ☐ **Excessive medical expenses**

☐ Student ☐ Spouse ☐ Mother ☐ Father

Submit all applicable document(s):

- Letter from physician verifying date of disability
- Official statement showing amount and frequency of Social Security Disability income
- Documentation showing out-of-pocket medical expenses paid

☐ **Loss of benefits or untaxed Income**

☐ Student ☐ Spouse ☐ Mother ☐ Father

Submit: Official document from issuing agency, verifying loss of benefit or untaxed income

☐ **One-time payment / source of income (e.g. inheritance, IRA distribution, capital gain)**

☐ Student ☐ Spouse ☐ Mother ☐ Father

Submit: Official document showing the date of distribution and the amount of the one-time payment or income

Student's Full Name (FML) _____ Student ID # _____

Section C: Estimated Income Table for 2023 Calendar Year

ALL students: Complete the **Student** column; also, complete **Spouse** column if married. Students with FA status of DEPENDENT: Complete appropriate column for single parent or both parent columns for parent/parent or parent/stepparent.

	Student	Spouse	Mother	Father
Taxable Income				
Wages/Salary/Tips				
State Unemployment Benefits				
Pensions				
Alimony				
Other Taxable Income				
Source:				
Source:				
Source:				
Nontaxable Income				
Social Security Benefits				
Child Support Received				
Other Untaxed Income				
Cash/Checking/Savings				

Please explain how you will cover expenses and maintain your household with limited financial resources:

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Student's Full Name (FML) _____ Student ID # _____

Section D: Certification Statement and Signatures

By signing this application, **I (we) attest to the following**:

- I (we) certify that the information provided on this application is true and correct.
- I (we) understand that before any professional judgment can be exercised, the financial and household information reported on the original FAFSA will be verified. I (we) also understand that it is my (our) responsibility to provide the additional documentation required for this process, as outlined in the instructions.
- I (we) understand that the Financial Aid office may ask me (us) to provide additional documentation during the review of this special circumstance application, and that my (our) failure to do so will result in the process being delayed or terminated.
- I (we) authorize Shaw University to electronically submit any changes to my (my child's or spouse's) FAFSA information, as determined by a review of this application, on my (our) behalf.
- I (we) understand that any adjustments made, based upon information provided on this application, are only applicable to the receipt of financial aid at Shaw University.

_____ _____

Student Signature Date

_____ _____

Spouse or Parent Signature (required if applicable) Date

Office Use Only

☐ Approved ☐ Approved as Amended ☐ Not Approved

Comments/Conditions: _____

_____

Signature_____ Date _____

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