



Student Name \_\_\_\_\_ Student ID # C \_\_\_\_\_
Address \_\_\_\_\_ Telephone (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The federal Expected Family Contribution (EFC) is calculated to assess the ability of students and their parents to cover education expenses. Readily-verifiable information from the federal income tax return has proven the most reliable indicator of a family's available income. For this reason, data from the 2021 tax year is reported on the 2023-2024 Free Application for Federal Student Aid (FAFSA). However, if there have been changes to the family's income or unusual expenses that may not be reflected on the FAFSA, the Financial Aid Office may decide on a case-by-case basis to modify data elements for a re-calculation of your federal EFC.

IMPORTANT: The Financial Aid Office will contact students after receiving the request to explain what additional documentation will be needed to process the Special Circumstance Request. Requests will be reviewed in the order they are received. Any aid already awarded to you will be adjusted accordingly once your Special Circumstance Request review is completed and changes are accepted by the US Department of Education.

INSTRUCTIONS:

- Step 1: File the Free Application for Federal Student Aid (FAFSA) for 2023-2024.
Step 2: Complete Section 1 and then provide a brief description of the extenuating circumstance in Section 2 below.

SECTION 1: REASON FOR SPECIAL CIRCUMSTANCE

- Loss of Income: if student/spouse/parent has been impacted by any of the below.
- Laid off/terminated
- Employer ceased operations/closed
- Reduction in work hours/pay
- Resignation
- Retirement

- Loss of Other Income:
- Alimony
- Unemployment Compensation
- One-Time Income - inheritance, moving expense allowance, lump sum retirement distribution, child support, etc.
- Other

- Separation or Divorce:
- Student and Spouse
- Parents of dependent student

Updated February 2023

SPEC

**Death of:**

- Parent of dependent student
- Spouse of student

**Unusual Expenses Paid** (Please Select One):

- Unusual medical expenses
- Health care costs not covered by insurance
- Other unusual expenses

**SECTION 2: DESCRIPTION OF CIRCUMSTANCE**

Please provide a brief description or attach a statement:

**Step 3:** Complete all other requirements. (Log in to MyIvy. Under the "Browse Topics" section select "Billing & Financial Aid," then select "Financial Aid Requirements." Click the "Requirements, Verification Documentation and Financial Aid Authorization Forms" link. Select the aid year, then click the "Student Requirements" tab to see your requirements.)

**Step 4:** Submit this form to your local Financial Aid Office.

*My signature below certifies that the information provided on this form is true and accurate at the time this information is submitted to the Financial Aid Office. I agree to provide proof of the information and additional documentation when requested. I understand that the federal penalty for providing false or misleading information is a \$10,000 fine, a prison sentence, or both.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (dependent students only)

\_\_\_\_\_  
Date