

Please read BEFORE submitting the Special Circumstance Form

If you are completing this form, you are requesting that your financial aid award be re-evaluated because of special circumstance which impacts your/your parent(s) ability to contribute toward your 2020-2021 educational expenses.

- *The submission of this form does not guarantee a favorable change in your financial aid award.*
- *All students who are eligible for special circumstance revision will be required to complete verification, if previously selected, before your special circumstance will be evaluated.*
- *The process of Verification and the Special Circumstance review may take several weeks to complete. Forms are reviewed in the order they are received and as timely as possible.*
- *You must submit this form and all requested supporting documentation in order for the appeal process to begin. We may ask for additional documentation, if conflicting information listed.*
- *The results of your special circumstance revision will be sent to your MSU email address.*
- *The form cannot be submitted online. Signatures are required on this form and will be returned if not printed in Pen. We will NOT accept digital or typed signatures.*

Deadlines:

- ***Fall/Spring semester- September 1, 2020***
- ***Spring semester-February 1, 2021***
- ***Summer session- June 1, 2021***

We are happy to answer any questions that you may have about completing this or any other form you may have. Should you have any questions, please feel free to contact us at 1.800.437.4104 or 701.788.4893, or email us at Financial.Aid@mayvillestate.edu.

Form can be submitted ONE of the following ways:

Mail to: Mayville State University • Financial Aid Office • 330 Third Street NE • Mayville, ND 58257

Drop off at: Financial Aid Office, Old Main 106

Secure Email Link: <https://sendfiles.ndus.edu/>

Fax to: 701.788.4613



2020-2021 Dependent Special Circumstances Request Form

A. Student Information

Name (first & last):	Student ID#
Email: @mayvillestate.edu	
Have you submitted a Special Circumstance Form to MSU in any previous year?	
Who incurred the unusual expense or circumstance? (Student, Spouse, Mother, Father, etc).	

*SKIP SECTION B, IF VERIFICATION WAS ALREADY COMPLETED

B. Family Information -If you need additional space, please attach a separate page.

Full Name	Age					
<p>Write the names of the people in your parent(s)' household in the chart below.</p> <ol style="list-style-type: none"> 1. Include yourself. 2. Include your parent(s). If <u>your parents are divorced</u>, list the parent you lived with the most during the last 12 months. If you did not live with one parent more than the other, indicate the parent who provided more than half of your support during the last twelve months. If <u>your parent is remarried</u>, include your step-parent, even if they do not support you. If <u>your parent(s) are unmarried but live together</u>, list Parent #1 and Parent #2. 3. Include your parent(s)' other children, if your parents provide more than half of their support between July 1, 2020 and June 30, 2021 or if the children would be required to provide parental information if they were completing a 2020-2021 FAFSA. 4. Include other dependents if they now live with your parent(s), and your parent(s) will continue to provide more than half of their support through June 30, 2021. 	<p>Write the age of each household member in the chart below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="padding: 5px;">Relationship</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Write the relationship of each household member to the student in the chart below.</td> </tr> <tr style="background-color: #d3d3d3;"> <th style="padding: 5px;">College</th> </tr> <tr> <td style="padding: 5px;">List the name of the college/university for any household member (excluding parents) who will be enrolled at least half time (usually 6 or more credits) between July 1, 2020 and June 30, 2021. List only those who are enrolled in a degree, diploma, or certificate program at an eligible post-secondary institution.</td> </tr> <tr> <td style="padding: 5px;">Include siblings ONLY if they used the same parent as you did when they completed their 2020-2021 FAFSA.</td> </tr> </tbody> </table>	Relationship	Write the relationship of each household member to the student in the chart below.	College	List the name of the college/university for any household member (excluding parents) who will be enrolled at least half time (usually 6 or more credits) between July 1, 2020 and June 30, 2021. List only those who are enrolled in a degree, diploma, or certificate program at an eligible post-secondary institution.	Include siblings ONLY if they used the same parent as you did when they completed their 2020-2021 FAFSA.
Relationship						
Write the relationship of each household member to the student in the chart below.						
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List the name of the college/university for any household member (excluding parents) who will be enrolled at least half time (usually 6 or more credits) between July 1, 2020 and June 30, 2021. List only those who are enrolled in a degree, diploma, or certificate program at an eligible post-secondary institution.						
Include siblings ONLY if they used the same parent as you did when they completed their 2020-2021 FAFSA.						
Full Name	Age	Relationship	Attending College <small>At least half-time</small>	College/University		
		SELF	Yes/No	MSU		
			Yes/No			
			Yes/No			
			Yes/No			

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C. Unusual Circumstance: Please check all circumstances you would like to be considered and submit the requested documents.

Unusual Circumstance	Documentation
<input type="checkbox"/> Loss/Change/Reduction of Employment (unemployed at least 12 weeks or change in employment AFTER Jan 1, 2019)	1. Letter listing <ul style="list-style-type: none"> a. Who lost/changed employment & relationship to student b. Reason for loss or change of employment c. Income earned and untaxed income (Worker's Compensation, unemployment benefits, disability benefits, etc) to date of termination (per family member) d. Projected income and untaxed income to the end of 2020 2. Copy of final pay stub from all employers for 2019 3. Copy of 2018 and 2019 Federal tax return and W2's
<input type="checkbox"/> Separation or Divorce (must be after Jan 1, 2019)	1. Letter listing: <ul style="list-style-type: none"> a. Revised household members b. Explanation on the impact it has had on the family financial status 2. Copy of divorce decree or proof of separation, such as letter from attorney 3. Copy of 2018 and 2019 Federal tax return and W2's
<input type="checkbox"/> Loss/Reduction of Benefits	1. Letter listing: <ul style="list-style-type: none"> a. Whose benefit(s) was terminated and type of benefit(s) & relationship to student b. Amount of benefit(s) received for 2018 & 2019 c. Reason for reduction or termination 2. Copy of document from provider stating change 3. Copy of 2018 and 2019 Federal tax return and W2's
<input type="checkbox"/> Disability (Permanent and total disability must have occurred AFTER Jan 1, 2019)	1. Copy of statement of disability from physician or determining agency <ul style="list-style-type: none"> a. Listing who is on disability & relationship to student 2. Documentation of disability benefits received
<input type="checkbox"/> Death of a Family Member (must be after Jan 1, 2019)	1. Letter listing: <ul style="list-style-type: none"> a. Relationship of deceased to the student b. Explanation on the impact it has had on the family financial status 2. Copy of obituary or death certificate 3. Copy of 2018 and 2019 Federal tax return and W2's
<input type="checkbox"/> Other circumstances	1. Documents showing special circumstances. 2. Statement of explanation of circumstances.

IMPORTANT: All attachments (letters of explanation, etc.) must be signed, dated and reflect the name and student ID number of the student. Your appeal will be evaluated at the earliest available date. Please allow a minimum of two to four weeks for processing this form.

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***Please Note:** If your family's **2020 income will be equal to or greater than the 2018 income** do not complete the rest of this form. Contact the Financial Aid Office to discuss options.

D. Income- Complete the Gross Taxed Income and the Untaxed Income sections below with your family's expected income **prior to exemptions, adjustments, or deductions from January 1, 2020 to December 31, 2020.** If **NONE**, Enter **0s**. Both sections must be completed, or the appeal will not be reviewed.

<u>TOTAL 2020 GROSS TAXED INCOME</u>	Parent 1 Income	Parent 2 Income
1. Wages, salaries, tips		
2. Severance pay		
3. Pensions and annuities		
4. Alimony to be received		
5. Unemployment compensation		
6. Any other taxed income (specify) _____		
TOTAL 2020 Gross Taxed Income		
Child support paid during 2020 (Do not include support for children in your household).		

<u>TOTAL 2020 UNTAXED INCOME</u>	Parent 1 Income	Parent 2 Income
1. Untaxed portion of pensions from IRS Form 1040- In 4a-4b. Exclude rollovers. If negative, enter 0.		
2. Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings). Include untaxed portion of 401(k) and 403 (b) plans (from Box 12 Codes D,E,F,G,H, & S on W-2s). Do not include Code DD)		
3. Child support or maintenance payments which will be received for ALL children (include cash support or money paid on student's behalf from noncustodial parent)		
4. Living and housing allowances (excluding rent subsidies for low income housing) for clergy, military, and others (include cash payments of cash value of benefits). Note: Do not include value of on-base military or the value of a basic military living allowance.		
5. Any other untaxed income and benefits _____ Do not include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusions or credit for federal tax on special fuels.		
TOTAL 2020 Gross Taxed Income		

E. Signatures-Manually sign with a pen. Unsigned form or those with digital/electronic/typed signatures will be returned.

The information provided on this form is true and complete to the best of my knowledge. I/we understand that purposely giving false or misleading information may result in fines, penalties, and/or reduction or immediate repayment of aid.

Student's Signature _____ Date ____/____/____

Parent's Signature _____ Date ____/____/____

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