

## 2019-2020 Independent Student Special Circumstance Form

Student Name	Grand View ID	
Student phone number	Student email address	
STEP 1: REASON FOR FILING Check the box for circumstance(s) that apply to you and submit the additional docur	nentation as indicated for that circumstance.	
☐ Loss of Employment, Reduced Wages	□ One-Time Income	
Current student wages are at least 10% less than in 2017 due to loss of job, change in employment, reduction in hours, or reduction in pay. Job losses will	2017 Signed Student and/or Spouse Federal Tax Return or Tax Return Transcript from the IRS	
be considered after 30 days of unemployment.  ☐ Most recent signed Student and/or Spouse Federal Tax Return or Tax  Return Transcript from the IRS	☐ Provide documentation (if available) or an explanation and dollar amount of any one-time income received and what was done with that income	
<ul> <li>□ Last check stub(s) from previous and/or current employers, if applicable, for student and spouse (if married)</li> <li>□ Individuals with self-employment or other non-W2 income from the tax return need to document their financial changes in Step 2 of this form</li> <li>□ Letter from previous employer stating last date of employment</li> <li>□ Benefit or denial letter from unemployment. Benefit letter needs to include weekly and maximum benefit amounts.</li> </ul>	☐ High Medical/Dental Expenses  Eligible expenses are limited to medical and dental expenses not reimbursed through insurance or employer-sponsored cafeteria plans (HRA, HSA, heath care flexible spending account, etc.). As a general rule, these expenses would need to exceed \$3,000 before they would have the potential to impact a financial aid award.	
□ Severance information, if applicable □ Loss of Benefits	<ul> <li>□ 2018 Signed Student and/or Spouse Federal Tax Return or Tax Return Transcript from the IRS</li> <li>□ Copy of Schedule A from the 2018 Federal Tax Return, if filed</li> <li>□ If expenses were not claimed on Schedule A, submit a listing of eligible</li> </ul>	
Student and/or Spouse has lost some or all benefits  Submit official documentation of benefit(s) lost	expenses <u>you paid</u> out-of-pocket in 2018  Last check stub(s) from employer (if a Schedule A is not submitted)	
<ul> <li>■ Marital Separation / Divorce</li> <li>Student/Spouse must live in separate residences</li> <li>■ Most recent signed Student Federal Tax Return or Tax Return Transcript from the IRS</li> <li>■ Documentation of separation, divorce, or verification of separate residences</li> </ul>	☐ Private Elementary/Secondary School Tuition ☐ Submit tuition statement OR letter from the school indicating tuition charges minus financial aid and/or discounts for child(ren) at that school during the 19-20 academic year.	
<ul> <li>☐ Most recent W-2 of custodial parent</li> <li>☐ Documentation of child support, family support or maintenance support.</li> <li>Include support that is received or anticipated.</li> </ul>	☐ Other Unusual Expenses ☐ Provide explanation and documentation of expense(s) Examples of eligible expenses: Dependent care, elderly care, funeral expenses, legal expenses, etc. Consumer debt is usually ineligible for consideration under special circumstances.	

## 2019-2020 Independent Student Special Circumstance Form, page 2

Step 2: E	xplanation of the Circumstance (required)	
Attach addit	onal sheet if necessary.	
Note: All ap	peals for the 2019-20 academic year must be submitted by March 1, 2020.	
Step 3: (	ERTIFICATION	
certify that	the information accompanying this form is complete and correct to the best of my knowledge. If additional documenta	tion is required, I will submit such
	on or my Special Circumstance Request will be denied. I also understand that if I give false or misleading information,	
	ncial Aid Office may later request copies of my 2018 Federal Tax Returns or other documentation to verify the informa	
	es request and adjustments may be made to my financial aid award at that time.	tion submitted for my 2010-20 openial
onoumotano	is request and adjustments may be made to my initiation and award at that time.	
Parent Signa	ture	Date
Student Sia	ature	Date
otudont olgi	uulu	<u> </u>
	nit this form and supplemental materials to the Grand View University Financial Aid Office.	
	finaid@grandview.edu	
Fax	515-263-6191	
Mail	Grand View University	
	Financial Aid Office	
	1200 Grandview Avenue	
	Des Moines, Iowa 50316	