

## 2020-2021 Request for Special Circumstances

Student Name \_\_\_\_\_ Parent Name(s) \_\_\_\_\_

Student ID \_\_\_\_\_ Student Phone \_\_\_\_\_ Parent Address \_\_\_\_\_

Student Address \_\_\_\_\_ Parent City, State, Zip \_\_\_\_\_

Student City, State, Zip \_\_\_\_\_ Parent Email \_\_\_\_\_

Student Email \_\_\_\_\_

Did you file for Special Circumstance Review at Grand View University in 2019-20?  Yes  No

Financial aid regulations assume that the family has primary responsibility for meeting the educational costs of students. However, Grand View University understands that unusual financial expenses may affect a family's ability to contribute to the student's educational costs. The financial aid administrator may consider, under professional judgement, these unusual expenses when awarding financial aid.

For the 2020-21 academic year, financial aid need is based on 2018 income information. You may appeal for changes in income that will occur(ed) in 2019 or 2020 only. There is no guarantee that an appeal will result in an adjustment of your financial aid. All aid awarded as a result of adjustments is contingent upon the availability of funds. Generally, funds available include a Federal Pell Grant, Iowa Tuition Grant if eligible, and Federal Direct Loans.

**If you or your family has experienced unusual circumstances, please complete this form and submit any required documentation to the Financial Aid Office. Return completed form with all documentation required to: Grand View University, Financial Aid Office, 1200 Grandview Ave, Des Moines, IA 50316. Please allow 3-4 weeks for processing. Incomplete documentation may add additional processing time.**

### INCOME REDUCTION

If your family is experiencing a reduction in 2019 or 2020 income, please explain the situation below (attach additional pages, if necessary) including the date(s) of the change in your situation:

\_\_\_\_\_

\_\_\_\_\_

Anticipated incomes for 2020 (do not leave blanks, if the answer is none, write zero – 0):	Parents	Student/Spouse
2020 year-to-date earnings	\$ _____	\$ _____
2020 anticipated earnings (wages, salaries, tips, severance pay, disability pay, etc.)	\$ _____	\$ _____
2020 anticipated other taxable income	\$ _____	\$ _____
2020 anticipated untaxed income (untaxed social security, child support, welfare, payments to tax deferred pension plan)	\$ _____	\$ _____

#### Documentation Required

- 2020-21 Verification Worksheet – available in the Financial Aid Office
- 2018 and 2019 signed federal income tax returns for student and parent
- a copy of the most recent pay stub(s) confirming year-to-date earnings listed above
- verification of actual social security, unemployment benefits, workers compensation benefits, disability payments, etc.

### UNUSUAL MEDICAL EXPENSES

Please indicate the amount of out-of-pocket medical/dental expenses below.

How much did you pay out-of-pocket for insurance premiums in 2018? \$ \_\_\_\_\_

How much did you pay out-of-pocket for medical/dental expenses not covered by insurance in 2018? \$ \_\_\_\_\_

Will your unreimbursed medical/dental expenses be lower, the same, or higher in 2020? Why?

\_\_\_\_\_

\_\_\_\_\_

#### Documentation Required

- 2020-21 Verification Worksheet – available in the Financial Aid Office
- 2018 signed federal tax return(s) including Schedule A – Itemized Deductions
- if Schedule A was not filed, then please submit receipts or copies of cancelled checks to support out-of-pocket medical expenses paid in 2018

## ELEMENTARY AND SECONDARY SCHOOL COSTS; CHILD CARE AND DEPENDENT CARE COSTS

List the family member and the amount of relevant support paid for each.

Name of Family Member	Age	Relationship	Amount	Type of Expense
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

Will these expenses be lower, the same, or higher in 2020? Why?

\_\_\_\_\_  
\_\_\_\_\_

### Documentation Required

- 2020-21 Verification Worksheet – available in the Financial Aid Office
- 2018 signed federal tax return(s)
- receipts for tuition payments/child care expenses

## PARENTS IN COLLEGE

List below parents who are admitted into a degree or certificate program leading to a recognized educational credential on at least a half-time basis.

Name of Parent	Age	Relationship	Name and Address of College
_____	_____	_____	_____
_____	_____	_____	_____

### Documentation Required

- 2020-21 Verification Worksheet – available in the Financial Aid Office
- 2018 signed federal tax return(s)
- copy of the letter from the college stating that the parent is admitted into a degree or certificate program
- a copy of the pre-enrollment registration proving half-time enrollment (typically six credit hours for at least one semester) for Fall 2020 and Spring 2021
- the number of credits the parent will take for the academic year, the costs per credit hour for the courses, and a listing of the amount of aid, including employer reimbursement and loan amounts

## UNUSUAL INCREASE IN INCOME

Please explain the unusual increase in 2018 income and why income cannot be used for educational expenses.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Documentation Required

- 2020-21 Verification Worksheet – available in the Financial Aid Office
- signed federal tax return(s) for 2016, 2017, 2018, 2019 including supporting schedules to show usual amount of gross income

## OTHER

Describe below. Please provide us with as much detail as possible regarding your situation and how it has affected you financially. Also attach a completed verification form and signed 2018 federal tax returns and any supporting documentation that confirms your statement.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CERTIFICATION

The information listed on this form is true and correct to the best of my/our knowledge. I understand that knowingly giving false information will result in a review of my financial aid eligibility. If anticipated income was used to determine aid eligibility, I may be asked to submit 2020 federal tax returns when completed. Adjustments in 2020-21 financial aid may be made if anticipated information differs significantly from actual information.

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature (for married students) \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY-COUNSELOR/COMMITTEE DECISION:

Approved  Denied Reason \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_