2020-2021 Special Circumstances Review of Unusual Expenses

Student Name	ID #

Please complete form in blue or black ink. Incomplete forms will not be accepted.

It appears that you or your family may have experienced an unusual circumstance, which could change your ability to contribute to your educational expenses. The information reported on your FAFSA may not accurately reflect your current ability to finance your education. This re-evaluation is not an assurance that you will qualify for aid, or if already eligible, will qualify for additional aid. Furthermore, any new award amount would be contingent upon the availability of funds at the time this re-evaluation is made.

Examples of Special Circumstances can include:

(a) Medical expenses paid were in excess of 11% of Adjusted Gross Income
(b) A one-time withdrawal from a pension fund for emergency purposes in 2018
(c) A rollover from one pension fund to another in 2018
(d) A one-time gain that was reported in your 2018 Adjusted Gross Income but will not reoccur

1. FURNISH THIS OFFICE WITH SUPPORTIVE DATA FROM OUTSIDE SOURCES

   For example, for excessive medical expenses, include receipts of all medically related expenses paid in the FAFSA-reported year for the family. Include all receipts that meet the IRS definition of approved medical expenses. The amount paid in excess of 11% may be eligible for removal through professional judgment.

2. ONE TIME GAIN or ROLLOVER EXPLANATION

   Provide a copy of past year's Federal 1040 form showing record of funds in the AGI and a detailed explanation of the one time use of the funds. Provide written proof of how the funds were used with receipts. For example, if the early pension payout was used to cover living expenses during a period of unplanned or extended unemployment, provide documentation of early job termination and copies of expenses paid with the funds withdrawn from the pension account.

Student's Signature	Date	Parent or Spouse's Signature	Date

OFFICE USE ONLY

Director's Signature _____ Date _____

❑ APPROVE
❑ DISAPPROVE

Internal use **ONLY**
Reviewed:_____
Scanned: _____
EVALF-SC5

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

RETURN FORM with attachments to:
Lake Superior State University
Financial Aid Office
650 West Easterday Avenue
Sault Ste. Marie, MI 49783-1699
Phone: 906-635-2678 Fax: 906-635-6669