Office of Financial Aid/Scholarship
500 Sparks Hall
Murray, KY 42071-3312
msu.sfa@murraystate.edu
P: 800-272-4MSU ext 3 P: 270-809-2546 F: 270-809-3116

2012-2013 Special Circumstance Request

STUDENT NAME-PRINTED:	STUDENT M#:

The Office of Financial Aid/Scholarship has listed examples of special circumstances that families are challenged with during these economic hardships. Please *check* the appropriate circumstance(s) for your request or list your specific situation.

All circumstances require accurate and complete supporting documentation before consideration and review. Our office has listed various types of documentation that may be submitted to substantiate your request. Any additional documents that you believe beneficial to your family's current financial situation should be included with the data submitted with the forms. If additional information is required, you will be contacted once the documents are reviewed.

Please Select the Extenuating Circumstance as best pertains to your situation.

- ☐ Loss of Income
  - A letter from previous employer, on company letterhead, stating last date of employment
    - This may be a letter of termination, layoff notification
  - Notice of Severance Pay
  - Letter from Unemployment Office noting benefits received or to be received
    - Should state the beginning and ending dates of the benefit
    - Should state the maximum amount of the benefit remaining
- ☐ Death of Parent, if dependent, or Spouse, if independent
  - Copy of death Certificate
  - Final pay stub noting the year-to-date earnings for all positions for the deceased
- ☐ Disability of household member; parent, spouse, sibling, child
  - Benefits letter from Social Security Administration noting dates and amounts of benefits
  - Pertinent medical records and/or letter from attending physician stating disability
- ☐ Divorce or Legal separation
  - Copy of the Divorce Decree from the attorney stating date of divorce/separation
- ☐ Loss of Other Benefits
  - Submit documentation noting the amount of the benefit, monthly amount received, and the date the payments are to cease
    - Child Support, indicate the family member name whom the support was received
    - Social Security Benefits
    - Alimony
    - Disability
    - Workmen's Compensation
    - Other: _____
- ☐ Medical/Dental Expenses
  - Receipts from paid expenses during the 2011 calendar year that were not claimed on Schedule A of your Federal Tax Transcript, please include Schedule A
- ☐ Marital Status Change
  - Copy of Marriage License
- ☐ Other _____

Note: Our office is unable to make adjustments that are due to overtime, fluctuations due to commission, or consumer debt payments.

All situations must submit the following documents:

A typed, signed letter explaining the Special Circumstance

Final pay stub noting the year-to-date earnings for all positions

Student/Spouse ➔ **Signed Copy of 2011 Federal Tax Transcript, including W2s**
Spouse ➔ **Signed Copy of 2011 Federal Tax Transcript, including W2s, if filed separately**
Parent/Stepparent(s) ➔ **Signed Copy of 2011 Federal Tax Transcript, including W2s**
Parent/Stepparent(s) ➔ **Signed Copy of 2011 Federal Tax Transcript, including W2s, if filed separately**

Anticipated Income Data for Calendar Year 2012

Please Complete All Applicable Information Pertaining to your Household

If you provided parental information on the FAFSA, parental data is required.

Sources of Income	**Student Income** Actual Earnings 01/01/2012 Through Today	**Student Income** Projected Earnings Tomorrow Through 12/31/2012	**Spouse Income** Actual Earnings 01/01/2012 Through Today	**Spouse Income** Projected Earnings Tomorrow Through 12/31/2012	**Parent Income** Actual Earnings 01/01/2012 Through Today	**Parent Income** Projected Earnings Tomorrow Through 12/31/2012
Wages; Salary; Tips	$	$	$	$	$	$
Severance Pay	$	$	$	$	$	$
Disability	$	$	$	$	$	$
Unemployment	$	$	$	$	$	$
Interest Income	$	$	$	$	$	$
Pension	$	$	$	$	$	$
Child Support	$	$	$	$	$	$
Alimony	$	$	$	$	$	$
Social Security Benefits	$	$	$	$	$	$
Untaxed benefits	$	$	$	$	$	$
Other	$	$	$	$	$	$
Other	$	$	$	$	$	$
Total Income	$	$	$	$	$	$

You must sign below certifying the accuracy of the information provided on this form. If married, spouse signature is optional. If you provided parental information on the Free Application for Federal Student Aid, at least one of your parents must also sign below certifying the accuracy of the information provided on this form.

Warning: If you purposely give false or misleading information on this form, you may be fined, sentences to jail, or both. Each person signing this form certifies that all information is complete and accurate.

Student Signature _____ ***Date*** _____

Parent / Spouse Signature _____ ***Date*** _____

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