Special Financial Circumstances Form
2017-2018 Academic Year

We know that certain situations and events can affect a family’s ability to pay for college, and it is important that you make us aware of unusual financial circumstances that you believe are not reflected accurately on the Free Application for Federal Student Aid (FAFSA) and the CSS/Financial Aid PROFILE. While we have limits on what we can do, we will look at your individual situation carefully.

As a matter of advice, the following are not considered special financial circumstances:

• Another college’s/university’s financial aid/scholarship offer
• Pending reduction in income due to fluctuating commissions, consumer debt (unless necessitated by economic hardship),
• Refusal of a parent to provide financial support to the applicant/student,
• Anything that “might happen” in the future.

Following this cover letter is our 2017-2018 Special Financial Circumstances Form that will assist you in explaining your situation. We may ask for additional information other than what follows, but we will let you know if this will be necessary.

The results of this request for special financial circumstances consideration will be based on the individual circumstances outlined in the completion of this form and will follow compliance guidelines per the U.S. Department of Education. Students and/or parents will be notified via email of the appeal decision. Please remember that submission of this form does not guarantee an adjustment to the student’s award.

If you have any questions, please feel free to email our office at financial.aid@furman.edu. You may fax this completed form and supporting documents to (864) 294-3127, or you may scan it, along with the supporting documentation, and email all of it to us at the email address above.

# 2017-2018 Special Financial Circumstances Form

*Please PRINT clearly*

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s Full Name</td>
<td>___________</td>
</tr>
<tr>
<td>Student ID No.</td>
<td>___________</td>
</tr>
<tr>
<td>Student E-mail Address</td>
<td>___________</td>
</tr>
<tr>
<td>Student’s Preferred Name:</td>
<td>___________</td>
</tr>
<tr>
<td>Student Cell Phone Number</td>
<td>___________</td>
</tr>
<tr>
<td>Permanent/Home Street Address</td>
<td>___________</td>
</tr>
<tr>
<td>City</td>
<td>___________</td>
</tr>
<tr>
<td>State</td>
<td>___________</td>
</tr>
<tr>
<td>Zip Code</td>
<td>___________</td>
</tr>
<tr>
<td>Home Phone</td>
<td>(_________ )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent 1 Name</td>
<td>___________</td>
</tr>
<tr>
<td>Parent 1 Day Phone Number</td>
<td>___________</td>
</tr>
<tr>
<td>Parent 1 Email Address</td>
<td>___________</td>
</tr>
<tr>
<td>Parent 1 Cell Phone Number</td>
<td>___________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent 2 Name</td>
<td>___________</td>
</tr>
<tr>
<td>Parent 2 Day Phone Number</td>
<td>___________</td>
</tr>
<tr>
<td>Parent 2 Email Address</td>
<td>___________</td>
</tr>
<tr>
<td>Parent 2 Cell Phone Number</td>
<td>___________</td>
</tr>
</tbody>
</table>

Which financial aid form(s) have you completed for 2017-2018?

- [ ] 2017-2018 [FAFSA](#) *(required of all students completing this form)*
- [ ] 2017-2018 [CSS/Financial Aid PROFILE](#) *(required of all students completing this form)*

---

## Reason for Special Financial Circumstances Review

Following are questions that will help us understand why your household is experiencing a change in financial circumstances. Please complete any section that applies to your situation.

### 1. Loss or change of job and/or reduction of income:

Which person experienced a loss of, or changes in, income?  

- [ ] Father/Step  
- [ ] Mother/Step  
- [ ] Student  

Effective date: ___________ *(Note: if due to termination of job, please wait 12 weeks after last day of employment before submitting this form).*

Reason for reduction/loss:

- [ ] Job Change  
- [ ] Reduced Overtime  
- [ ] Retirement  
- [ ] Termination by employer  
- [ ] Other (please specify) ___________

*Please attach copy of termination letter or letter from former employer (on business letterhead) indicating when separation or change of hours occurred and any severance pay that is due you.*
2. **Loss of untaxed income/benefits (i.e. child support, Social Security Benefits, AFDC, housing allowance, etc.):**

Person receiving the benefit: _____ Parent(s) _____ Student

Name of income/benefit(s) that were affected: __________________________ Date of change: ________________

Amount received from January 1, 2016 to present: $ ________/month

Amount expected to be received from present to December 31, 2017: $ ________/month

*Please attach documentation of change/loss in untaxed income.*

3. **Parents’ Separation/Divorce or Death of a Parent:**

Complete this section only if your parents separated or divorced after the 2017-2018 FAFSA was completed OR a parent died after the 2017-2018 FAFSA was completed.

*For parents’ separation/divorce:*

With which parent do you live? Father Mother Date of separation/divorce: __________ (month/year)

*For death of a parent:*

Date of death: _______ (month/year) Surviving parent: Father Mother

*For divorce or separation, attach a copy of the divorce decree or evidence of filed divorce proceedings per attorney or court. For death of a parent, attach a copy of the death certificate.*

4. **Unusually High Medical/Dental Expenses**

Write in the amount of expenses paid out-of-pocket in 2016 and expected to be paid in 2017 for medical and dental expenses. **Do not include amounts reimbursed by insurance, deducted on tax returns, or paid through a Flexible Spending Account.**

Total paid out of pocket in 2016: $ ________ Total estimated to be paid out of pocket in 2017: $ ________

*Attach a detailed explanation of the reported expenses and attach proof of unreimbursed expenses (insurance records, your doctor’s records or estimates are acceptable).*
2017 Estimated Household Income/Expenses

Attach most recent pay stub showing new/changed salary, if applicable. Include last pay stub from any position terminated in 2017. Also, include documentation of unemployment benefits, retirement income, severance pay, etc.

*Estimated* 2017 gross income from ALL sources for Father/Step-Father: _______________________

*Estimated* 2017 gross income from ALL sources for Mother/Step-Mother: _______________________

*Estimated* 2017 gross income from ALL sources for Student and Spouse (if appropriate): ______________________

Total *Estimated* 2017 Gross Income from Above: _______________________

*Estimated* **ANNUAL** 2017 expenses for family:

- Mortgage Payment or Rent: _______________________
- Utilities (power, water, gas): _______________________
- Cable/Satellite TV: _______________________
- Home Phone, including long distance: _______________________
- Cell Phone(s): _______________________
- Auto Loan Payments: _______________________
- Food: _______________________
- Clothing: _______________________
- Entertainment: _______________________
- Put into savings: _______________________
- Other (please specify): _______________________

Total *Estimated** ANNUAL Expenses from Above: _______________________

**YOUR REQUEST:** Answering these questions will be most helpful in determining if and how we may assist. Thank you for your cooperation.

- What dollar amount of additional financial assistance are you and your family requesting, and how did you derive that figure?

- Are you willing to borrow a portion of your requested amount? ___________. If not, please explain your hesitancy to do so:
Additional Information

Please use this section to provide additional information, if any, describing the basis for your request. Attach additional pages and documentation as necessary.

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Certification

By signing below, we (the parent and the student) affirm that the data contained on this form are true and complete to the best of our knowledge. I further understand that submission of this information does not guarantee an increase in my financial aid package.

Student ___________________________________________ Date ________________

Parent ___________________________________________ Date ________________

Please remember that you must complete the 2017-2018 FAFSA and the 2017-2018 CSS/Financial Aid PROFILE online if you haven’t done so already.

The Office of Financial Aid has the responsibility for reviewing this information and for determining appropriate adjustments, and you will hear of the results from individual staff members within the Office of Financial Aid. While we strive to render decisions quickly, circumstances such as workload within the office may necessitate a longer timeframe.

Please mail, email, or fax this completed form to:

Furman University                                      Phone: (864) 294-2204
Office of Financial Aid                                 Fax: (864) 294-3127
3300 Poinsett Highway                                  financial.aid@furman.edu
Greenville, SC 29613