



FURMAN

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.

All students requesting review of current financial aid status based on special financial circumstances MUST complete the 2017-2018 FAFSA (www.fafsa.gov) and the 2017-2018 CSS/Financial Aid PROFILE (<http://student.collegeboard.org/css-financial-aid-profile>).

2017-2018 Special Financial Circumstances Form

Please PRINT clearly

Student's Full Name _____

Student ID No. _____

Student E-mail Address _____

Student's Preferred Name: _____

Student Cell Phone Number _____

Permanent/Home Street Address _____

City _____

State _____

Zip Code _____

Home Phone (____) _____

Parent 1 Name _____

Parent 1 Day Phone Number _____

Parent 1 Email Address _____

Parent 1 Cell Phone Number _____

Parent 2 Name _____

Parent 2 Day Phone Number _____

Parent 2 Email Address _____

Parent 2 Cell Phone Number _____

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:

