Special Financial Circumstances Form (SCF)
2018-2019 Academic Year

Before proceeding: submitting this form must complete both the 2018-2019 FAFSA and the 2018-2019 CSS/Financial Aid PROFILE.

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.

We will not consider the following situations:
- Another college’s/university’s financial aid/scholarship offer (i.e., we do not negotiate financial aid offers)
- Possible reduction in income due to fluctuating commissions
- Refusal of a parent or stepparent to provide financial support to the applicant/student
- Anything that “might happen” in the future
- Refusal to borrow student loans
- Refusal to complete both the FAFSA and the CSS/Financial Aid PROFILE

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 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 enroll@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. If emailing sensitive documents, we suggest your striking through SSNs.
### 2018-2019 Special Financial Circumstances Form (SCF)

Please PRINT clearly

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<th>Student’s Full Name</th>
<th>Student ID No.</th>
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Which financial aid form(s) have you completed for 2018-2019? Remember that both must be filed before our office will proceed reviewing your request.

- 2018-2019 **FAFSA**
- 2018-2019 **CSS/Financial Aid PROFILE**

### Reason for Special Financial Circumstances Review

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, 2017 to present: $ ________/month
- Amount expected to be received from present to December 31, 2018: $ ________/month

   Please attach documentation of change/loss in untaxed income.

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

   **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.

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

- Write in the amount of expenses paid **out-of-pocket in 2017**, and expected to be paid **out-of-pocket in 2018**, 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 2017: $ _________ Total estimated to be paid out of pocket in 2018: $ _________

   Attach a detailed explanation of the reported expenses and attach proof of unreimbursed expenses (insurance records, your doctor’s records or estimates are acceptable).
2018 Estimated Household Income/Expenses

Attach most recent pay stub showing new/changed salary, if applicable. Include last pay stub from any position terminated in 2018. Also, include documentation of unemployment benefits, retirement income, severance pay, etc.

Estimated 2018 gross income from ALL sources for Father/Step-Father: ______________________

Estimated 2018 gross income from ALL sources for Mother/Step-Mother: ______________________

Estimated 2018 gross income from ALL sources for Student and Spouse (if appropriate): ______________________

Total Estimated 2018 Gross Income from Above: ______________________

Estimated ANNUAL 2018 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 2018 Expenses from Above: ______________________

If your annual expenses exceed the estimated income, please explain how you are meeting your financial obligations:

YOUR REQUEST FROM FURMAN

- 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. We 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 2018-2019 FAFSA and the 2018-2019 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 within five-to-ten business days, circumstances such as workload within the office may necessitate a longer timeframe.

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

Furman University
Office of Financial Aid
3300 Poinsett Highway
Greenville, SC 29613

Phone: (864) 294-2030
Fax: (864) 294-3127
enroll@furman.edu