Special Financial Circumstances Form
2016-2017 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 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 2016-2017 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 2016-17 FAFSA (www.fafsa.gov) and the 2016-17 CSS Profile (http://student.collegeboard.org/css-financial-aid-profile).
2016-2017 Special Financial Circumstances Form

*Please PRINT clearly*

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<th><strong>Student’s Full Name</strong></th>
<th><strong>Student ID No.</strong></th>
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<th><strong>Student E-mail Address</strong></th>
<th><strong>Student Campus Box</strong></th>
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<th><strong>Student Cell Phone Number</strong></th>
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<th><strong>Parent 2 Email Address</strong></th>
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Which financial aid form(s) have you completed for 2016-2017?

- [ ] 2016-17 [FAFSA](#) *(required of all students completing this form)*
- [ ] 2016-17 [CSS 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.*

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Revised November 2015
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: $ ________

Amount expected to be received from present to December 31, 2016: $ ________

*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 2016-2017 FAFSA was completed OR a parent died **after** the 2016-2017 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).*
2016 Estimated Household Income/Expenses

Attach most recent pay stub showing new/changed salary, if applicable. Include last pay stub from any position terminated in 2016. Also, include documentation of unemployment benefits, retirement income, severance pay, etc.

Estimated 2016 gross income from ALL sources for Father/Step-Father: _________________________

Estimated 2016 gross income from ALL sources for Mother/Step-Mother: _________________________

Estimated 2016 gross income from ALL sources for Student and Spouse (if appropriate): _________________________

Total Estimated 2016 Gross Income from Above: _________________________

Estimated MONTHLY 2016 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 MONTHLY 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 2016-17 FAFSA and the 2016-17 CSS Profile online if you haven’t done so already.

The Financial Aid Appeals Committee has the responsibility for reviewing this information and for determining appropriate adjustments. You will hear of the results from individual staff members within the Office of Financial Aid, however. 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