



2020-21 Special Financial Circumstances Form (SFC)
For consideration of need-based aid only

Student's Full Name: _____ Student ID #: _____

Parent Name: _____ Parent Phone #: _____

We know 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. Before a review will be considered, you must complete the 2020-21 FAFSA (fafsa.ed.gov), and submit all required documents with this form.

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
- Events that "may occur" in the future
- Refusal to borrow student loans
- Refusal to complete the FAFSA

Special Circumstance Details & Required Documentation:

Please select the option that is most applicable to your situation and provide the required documentation:

Loss or change of job and/or reduction of income

Which person experienced a loss: Father/Step Mother/Step Student

Effective Date: _____

Reason for reduction: Job Change Reduced Overtime Retirement Termination

Other (Please specify): _____

Required documentation:

For loss of job –Termination letter or statement from former employer (on business letterhead) indicating date of separation and any severance pay due to you. If you are or will be receiving unemployment, submit a copy of the benefits award notification.

For reduction in income –Most recent pay stub with year-to-date earnings.

If due to termination of job, please wait 12 weeks after last day of employment before submitting this form.

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 that were affected: _____ Date of change: _____

Amount received from January 1, 2019 to present: \$ _____/month

Amount expected to be received from present to December 31, 2020: \$ _____/month

Required documentation:

Please attach documentation of change/loss in untaxed income.

Parents' Separation/Divorce or Death of a Parent

For parent's separation/divorce:

With which parent do you live? Father Mother

Date of separation/divorce: ____/____

For death of a parent:

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

Required documentation:

For divorce or separation- Copy of the divorce decree or evidence of filed divorce proceedings per attorney or court.

For death of a parent-Copy of the death certificate.

Unusually High Medical/Dental Expenses

Total paid out of pocket in 2019: \$ _____

Total estimated to be paid out of pocket in 2020: \$ _____

*Do not include amounts reimbursed by insurance, deducted on tax returns, or paid through a Flexible Spending Account.

Required Documentation:

Detailed explanation of the reported expenses and attach proof of unreimbursed expenses (insurance records, your doctor's records or estimates are acceptable).

If an explanation is necessary for any section above, please print:

2020 Estimated Household Income:

Attach most recent pay stub showing new/changed salary, if applicable. Include last pay stub from any position terminated in 2020. Also, include documentation of unemployment benefits, retirement income, severance pay, etc.

Estimated 2020 gross income from ALL sources for Father/Step-Father: _____

Estimated 2020 gross income from ALL sources for Mother/Step-Mother: _____

Estimated 2020 gross income from ALL sources for Student and Spouse (if appropriate): _____

Total Estimated 2020 Gross Income from Above: _____

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:

Certification:

By signing below, we (the parent and the student) affirm the information provided 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: _____

The Office of Financial Aid has the responsibility for reviewing this information and for determining appropriate adjustments. While we strive to render decisions within five-to-ten business days, circumstances such as workload within the office may necessitate a longer timeframe. Students will be notified via email of the appeal decision.

This form is specific to need-based aid only.

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

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

Phone: (864) 294-2351
Fax: (864) 294-3127
financialaid@furman.edu