2024-25 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 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 2024-25 CSS Profile, 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

<table>
<thead>
<tr>
<th>Special Circumstance (Check all that apply)</th>
<th>Required Supporting Documentation</th>
</tr>
</thead>
</table>
| ☐ Loss or Change of Employment/Reduction of Income | ◊ Explanation of circumstances surrounding loss or reduction of income (who, effective date)  
◊ Most recent pay stub with year-to-date earnings.  
◊ Termination notice from employer (on business letterhead) indicating date of separation. Please wait 12 weeks after last day of employment before submitting this form.  
◊ Severance statement (if applicable)  
◊ Unemployment benefits statement (if applicable) |
| ☐ Loss of untaxed income or benefits (i.e. child support, Social Security benefits, AFDC, housing allowance, etc.) | ◊ Explanation of circumstances surrounding loss or reduction of income/benefit (who, effective date)  
◊ 2022 Benefit Statement listing total amount received  
◊ Revised 2023 Benefit Statement listing revised amount & effective date |
| ☐ Parent’s Separation/ Divorce | ◊ Name of parent that will remain on FAFSA (custodial parent)  
◊ Documentation verifying separation or divorce (decree, court documents) |
| ☐ Death of Parent | ◊ Copy of death certificate |
| ☐ Medical/Dental Expense | ◊ Explanation of expenses (total paid in 2023 and anticipated 2024 payments)  
◊ Documentation of outstanding medical bills not reimbursed or paid by insurance |
Special Circumstance Details & Required Documentation:

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

_____________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________

2024 Estimated Household Income:

Additional documentation:

- Dependent student - attach 2022 & 2023 federal tax returns for both parents. If the student’s income was affected, please also provide a copy of the student’s tax returns. If no tax return was filed but the student had earnings, please attach the applicable W-2(s).
- Attach the most recent pay stub showing new/changed salary, if applicable. Include the last pay stub from any position terminated in 2024. Also, include documentation of unemployment benefits, retirement income, severance pay, etc.

<table>
<thead>
<tr>
<th>Actual 2024 gross income from all sources to date. Date: <em><strong>/</strong></em>/____</th>
<th>Student</th>
<th>Father/Step-father</th>
<th>Mother/Step-mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated 2024 gross income from all sources until end of the year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Estimated 2024 Gross Income</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your Request From Furman:

- What dollar amount of additional financial assistance are you and your family requesting? _____________
- 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  Phone: (864) 294-2351
Office of Financial Aid  Fax: (864) 294-3127
3300 Poinsett Highway  financialaid@furman.edu
Greenville, SC 29613

*Please be sure to redact all personally identifiable information from any documentation that you send to our office such as social security numbers, date of birth, etc.*