

**University of Mary
Office of Financial Aid
7500 University Drive
Bismarck, ND 58504**

2020-2021 Special Circumstances Form

Student Name: _____ ID# _____
E-mail Address: _____ Phone #: _____

This form is to assist you with requesting a review of your financial aid eligibility due to changes in financial/other circumstances not addressed on your original financial aid application. These changes may limit the ability of you and/or your parents to contribute toward your 2019-2020 educational expenses. Complete and return this form to the Financial Aid Office if you, your spouse, or a parent has incurred an unusual expense or unusual circumstance.

Who incurred the unusual expense or circumstance?

Student _____ Spouse _____ Father/Stepfather _____ Mother/Stepmother _____

REQUIRED DOCUMENTATION

1. Letter explaining your request.
2. Supporting documentation that verifies your unusual expense or circumstance (see the back of this form for the required documentation for each circumstance listed below.)
3. This signed form must accompany your request.
4. Forms submitted with incomplete or unsigned documentation will not be processed!!

Please check your appropriate special circumstance and then review the back of this form for the required documentation.

_____ Childcare/Other Dependent Expense	
_____ Commuting Expense	_____ Elementary/Secondary School Tuition
_____ Death of a family member	_____ Separation or Divorce
_____ Loss of Benefits	_____ Liquidation or Foreclosure of asset(s)
_____ Roth IRA rollover	_____ Loss of Employment
_____ Medical Expenses/Nursing Home Exp	_____ Other _____

All the information provided by the undersigned is true and complete to the best of my/our knowledge. I/we further understand that purposely giving false or misleading information to obtain student financial aid may subject me/us to fines and other penalties.

Student signature: _____ Date: _____

Parent signature: _____ Date: _____
(required for dependent students)

Spouse signature: _____ Date: _____
(required if special circumstance applies to spouse)

Return completed appeal to the address listed at the top of this form.

IMPORTANT: All attachments (letters of explanation, etc.) must be signed, dated and reflect the name and ID number of the student. Your appeal will be evaluated at the earliest available date. Please allow a minimum of four weeks for processing time.

**2019-2020 Special Circumstances Form
Required Documentation**

Special Circumstance	Documentation
Child Care Expense or Other Dependent Care Expenses	Letter Listing a. Name and age of dependent(s) b. Hourly rate paid c. Total monthly cost d. Name & address of provider
Commuting Expense	Letter listing: a. Number of miles traveled each day b. Where you are traveling from c. Current University of Mary reimbursement rate will apply
Death of a Family Member	1. Letter listing the relationship of the deceased to the student 2. Copy of obituary or death certificate 3. Copy of 2019 federal tax return and W2's of the deceased
Separation or Divorce	1. Letter listing the revised household members, including the relationship to the student and the age of each household member 2. Copy of divorce decree or proof of separation 3. Copy of 2019 federal tax return and W2's of the parents
Loss of Benefits or Nonrecurring Income (ie. social security, child support, unemployment, etc...)	1. Letter listing: a. Whose benefit(s) were terminated b. Amount of benefit(s) received for last two years c. Reason for termination d. Date of termination e. Amount of benefit anticipated to be received in 2020 2. Copy of document from provider stating termination 3. Copy of 2019 Federal tax return and W2's
Liquidation or Foreclosure	1. Letter Listing: a. Type of asset liquidated b. Gross sales proceeds (attach proof) c. List of where proceeds were applied (attach proof) 2. Copy of foreclosure notice 3. Copy of 2019 federal tax return and W2's
Roth IRA Rollover	1. Copy of document from investment agency verifying the rollover of pension or IRA to a Roth IRA 2. Copy of 2019 Federal tax return and W2's
Loss of Employment or Reduction in Income	1. Letter listing: a. Who lost employment / income b. Reason for loss of employment / income c. Anticipated income earned and untaxed income in 2020, including Worker's Compensation, unemployment benefits, disability benefits, etc, to date of termination (list income for EACH family member) d. Projected income and untaxed income to the end of 2020 2. Copy of last pay stub from employer 3. Copy of 2019 federal tax return and W2's
Medical Expenses	1. Letter listing who incurred the expense(s) 2. List of medical expenses incurred (attach proof) 3. Copy of Explanation of Benefits from insurance carrier 4. Copy of medical bills 5. What was your "net" out of pocket expense after insurance paid on the claims 6. Medical bills must be greater than 10% of the 2019 adjusted gross income to be considered.
Elementary/ Secondary School Tuition	Letter listing: a. Person from whom tuition is being paid b. Copy of tuition contract

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