2016 – 2017 FINANCIAL AID SPECIAL CIRCUMSTANCES FORM

Last Name________________________________ First Name ___________________________ Student ID or SSN: ___________________________

This form can be used by you and your family to report unusual situations which may impact your ability to pay for school. These circumstances can be conditions which have reduced your income for 2016 or extraordinary expenses that provide you with less disposable income. The circumstances must be significant. The Financial Aid Office will review your request to determine if changes should be made to your award letter. Adjustments cannot be made for expenses such as consumer goods or lifestyle choices. Incomplete forms will not be processed.

2. Provide a written letter explaining your circumstances. Include as much detail as necessary to fully describe the reason for your request for reconsideration.
3. Attach all requested documentation and submit it, along with this form, as soon as possible.

SECTION I - Check all applicable items and provide the requested information.

☐ Loss or Reduction of Employment or Wages
   Please provide a letter from your employer stating termination date or reason for reduction in earnings, a year-to-date earnings statement, and a copy of your 2015 IRS tax return, complete with schedules. If your business or farm has closed due to bankruptcy, foreclosure or natural disaster, you must provide a letter from your accountant, attorney or banker outlining the circumstances.

☐ Death of Parent/Spouse
   Please provide a copy of the death certificate as well as all W-2s.

☐ Separation or Divorce
   If you or your parent has become separated or divorced, you must provide a letter documenting the date of separation or divorce, monthly maintenance support, division of assets, and W-2s.

☐ Unusual Medical and Dental Expenses
   Please provide copies of all paid medical/dental expenses.

   Amount paid for 2015 medical/dental expenses not covered by insurance (include premiums paid but do not include employer’s contribution). $___________

   Amount paid for 2016 medical/dental expenses not covered by insurance (include premiums paid but do not include employer’s contribution). $___________

☐ Change from Dependent to Independent Status due to birth of a child or marriage.
   Please provide a letter from your doctor indicating your due date or a copy of your marriage license.

☐ Termination of Social Security Benefits or Child Support
   Please provide documentation showing when the benefit ended and the amount received in 2016.

☐ Other Income Reduction or One-Time Income Increase
   Please provide any documentation that would be informative of your situation. Documentation should give specific details of the reason your income has been reduced or increased, effective date and other pertinent details of the change in income.
SECTION II

This section asks about income and benefits that you and your family expect to receive between January 1, 2016 and December 31, 2016. If your parent is divorced, separated, or widowed, don’t include information about the other parent. If you are divorced, separated, or widowed, don’t include information about your spouse. Answer these questions as accurately as you can. If a question doesn’t apply to you or if you don’t expect to receive any income from that source, write in “0.” List the GROSS amount for each income source. The documentation requested on the front of this form must be provided to support these 2016 projections.

<table>
<thead>
<tr>
<th>Income Earned from Work (include W-2 wages, farm income, business income)</th>
<th>Parents</th>
<th>Student (and Spouse)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>$</td>
<td>Student</td>
</tr>
<tr>
<td>Mother</td>
<td>$</td>
<td>Spouse</td>
</tr>
<tr>
<td>Other Taxable Income (include interest, dividends, alimony, rents, royalties, etc.)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Taxable Social Security Benefits</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Child Support Received</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>SNAP (food stamps)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Unemployment Compensation</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Untaxed Income</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other Income</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

SECTION III

WARNING: If you purposely give false or misleading information on this form, you may be subject to a $20,000 fine, a prison sentence, or both.

We certify that the information provided on this form is complete and accurate to the best of our knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form.

Student’s Signature ___________________________ Date _____________

Spouse’s Signature ___________________________ Date _____________

Father’s Signature ___________________________ Date _____________

Mother’s Signature ___________________________ Date _____________

Submit this form along with all the requested documentation to:

Financial Aid Office
Northern State University
1200 S. Jay St.
Aberdeen, SD 57401

Fax: 605-626-2587
Email: finaid@northern.edu
Phone: 1-800-678-5330 or 605-626-2640