

2021-2022 CHANGED FAMILY CIRCUMSTANCE FORM

STUDENT NAME: (last) _____ (first) _____

STUDENT ID# _____ PARENT PHONE _____

PARENTE-MAIL _____

This form gives you the opportunity to provide information to help us evaluate your need for financial assistance based upon special circumstances that were not included in your original FAFSA information. Factors we will consider include items such as:

- Involuntary loss of job or reduction income
- Reduction in household due to death or divorce
- Medical/dental expenses paid in calendar year 2019 not included in federal itemized deductions
- Other extraordinary expenses, with documentation

Circumstances we will not consider include:

- Inability to liquidate assets
- Consumer indebtedness
- Mortgage payments and/or property taxes

Section 1 – Please check the box that best identifies your situation.

Parent Student

- Loss or reduction of income
 Medical/Dental expenses
 Other extraordinary expenses (please attach explanation)

Section 2 – Complete chart with current and projected income

ITEM	2020	2021	2020	2021	2020 Student	2021 Student
	W / Step	W / Step	W / Step	W / Step		
Wages, Tips, Salary						
Interest and/or Dividend Income						
Business/Farm Income						
Worker's/ Unemployment Comp						
IRA/KEOUGH Contributions						
Untaxed Pensions						
Pensions and/or Annuities						
Severance Pay						
Retirement Benefits						
Disability Benefits						
Social Security/SSI Benefits						
Child support						
Alimony						
Welfare Benefits						
Other:						

Documentation will be required for all information provided on this form. SFS will review your information and follow up with students and parents via e-mail with details of documentation needed.