

# 2010 - 2011 Financial Aid Special Circumstances



*Mail or fax completed form to:*

GSC Office of Financial Aid, 8 Old Suncook Road, Concord, NH 03301

Phone: (603) 513-1392 Fax (603) 513-1386

This form is used primarily by students and parents who feel that they may have special circumstances which are not reflected on the 2010-2011 Free Application for Federal Student Aid (FAFSA) or Renewal Application.

Please make sure that the following items are complete before sending your application to the Office of Financial Aid regardless of the special circumstance(s) requested for consideration.

Student's Name \_\_\_\_\_ Student ID# \_\_\_\_\_

## Special Circumstances Student Checklist

**Initial each item to acknowledge complete and/or submitted information.**

\_\_\_\_\_ Information in **Section A** (both sides of page) is complete with all information

\_\_\_\_\_ **Documentation is attached to support circumstance(s) in Section A**

\_\_\_\_\_ A detailed description of circumstance(s) is entered in **Section B**

\_\_\_\_\_ A **signed** copy of 2009 taxes (1040, 1040EZ, etc.) with all attachments and schedules are enclosed

\_\_\_\_\_ Copies of all W-2's for 2009 are enclosed with form

\_\_\_\_\_ Documentation of 2010 expected income (recent pay stub, unemployment statement, etc.)

\_\_\_\_\_ Independent or Dependent Verification Worksheet (Please contact the Office of Financial Aid if you have questions regarding which form to submit). Visit <http://granite.edu/prospective-students/financial-aid/pop-ups/financial-aid-forms.aspx>

\_\_\_\_\_ Form is signed and dated

***Incomplete information will delay processing.***

Student's Name \_\_\_\_\_

Student ID# \_\_\_\_\_

## **Special Circumstances Request**

Please fully complete both Sections A and B. Independent students do not need to include information about their parents. Incomplete information will delay processing.

### **Section A**

The 2010-11 FAFSA that I recently completed does not reflect my family's true circumstances for the following reasons (all circumstances require supporting documentation):

- \_\_\_\_\_ Loss of job/change of income for (circle one): (step) mother/(step) father
- \_\_\_\_\_ Loss of job/change of income for (circle one): yourself (student)/spouse
- \_\_\_\_\_ Medical and/or Dental expenses above the standard
- \_\_\_\_\_ Divorce in family (circle one): yourself/parents

**If loss of job or change in income for (step) mother and/or (step) father, please complete the following:**

- The date of the loss of employment \_\_\_\_\_
- 2010 projected earnings for the year for (step) father \_\_\_\_\_
- 2010 projected earnings for the year for (step) mother \_\_\_\_\_
- All other taxable income (e.g. interest income, severance pay,  
unemployment compensation, disability, etc.) \_\_\_\_\_
- Projected nontaxable income (e.g. child support,  
social security, etc.) \_\_\_\_\_
- Disbursement of retirement funds \_\_\_\_\_

**If loss of job or change in income for yourself or your spouse, please complete the following:**

- The date of the loss of employment \_\_\_\_\_
- 2010 projected earnings for the year for yourself \_\_\_\_\_
- 2010 projected earnings for the year for your spouse \_\_\_\_\_
- All other taxable income (e.g. interest income, severance pay,  
unemployment compensation, disability, etc.) \_\_\_\_\_
- Projected nontaxable income (e.g. child support,  
social security, etc.) \_\_\_\_\_
- Disbursement of retirement funds \_\_\_\_\_

**If medical/dental expenses, please complete the following:**

Out of pocket medical/dental expenses paid for the household for 2009 \_\_\_\_\_

Out of pocket medical/dental expenses for insurance premiums in 2009 \_\_\_\_\_

Any out of pocket medical/dental expenses your family expects to pay in 2010 \_\_\_\_\_

**There has been a divorce/separation in the family:**

The custodial parent is now (circle one): mother/father

Name of custodial parent \_\_\_\_\_

Indicate the number of family members now in the household \_\_\_\_\_

Indicate the number of family members now in college \_\_\_\_\_

*(The custodial parent should submit a signed copy of his/her 2009 Federal Income Tax Return as well as his/her W-2 form(s))*

**Section B**

Please explain **IN DETAIL** the circumstance(s) listed above (additional pages may be attached for further explanation):

**Please sign and date this form in order to attest to the above information**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you would like to speak to someone about your circumstances, please call the Office of Financial Aid at (603) 513-1392 or send an email to [financial.aid@granite.edu](mailto:financial.aid@granite.edu).