2012-2013
DEPENDENT Student Special Circumstance Application
Loss of Child Support/Alimony

This Special Circumstance Application is designed to aid students with specific situations that are not reflected on the FAFSA. **Before this application is reviewed, verification of the FAFSA must be complete.** Once the verification process is complete, applications are reviewed by a Committee and adjustments are made based on federal and state regulations. *Please note that changes made as a result of this application may or may not result in additional aid.* Decisions of the Committee are final.

Instructions:

1. Complete the 2012-2013 DEPENDENT Verification Worksheet.
2. Request and submit a copy of your and your parent(s) 2011 IRS Tax Return Transcript.
3. Complete and sign this Special Circumstance Application and turn in any supporting documents required to verify special circumstance including a personal statement.
4. Submit forms and documentation at the same time by fax, mail, or in person to the Financial Aid Office.
5. **Allow a minimum of 2 weeks for processing.** You will be notified by mail once a decision has been made.

STUDENT INFORMATION

_____ _____
Student's Full Name *ODU Student ID Number*

_____ _____
Student Phone Number (Including Area Code) *Parent(s) Daytime Phone Number*

REASON FOR FILING – Loss of Child Support/Alimony

- Check which was reduced or ceased: Child Support _____ Alimony_____
- Date funds were reduced or ceased: _____
- Indicate the amount and frequency (weekly, monthly) child support or alimony WAS being received prior to the change: _____
- Indicate the amount and frequency (weekly, monthly) child support or alimony IS currently being received (if applicable): _____
- Required Documentation: Letter from child support agency, OR copy of divorce decree, OR (in the case of reduced child support) copy of bank statements showing the prior amount being received and the new amount being received.

PERSONAL STATEMENT

- Attach a personal statement to this application explaining the details of your specific situation.

I certify all information included with this form is true and complete to the best of my knowledge. I understand additional documents may be requested to verify my circumstance(s).

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Submit completed form to:
Financial Aid Office, Ohio Dominican University, 1216 Sunbury Road, Columbus, OH 43219
Phone: (614) 251-4778 FAX: (614) 253-3499