# 2013-2014
# INDEPENDENT Student Special Circumstance Application
*Loss or Reduction of Income*

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 V1 Standard: 2013-2014 INDEPENDENT Verification Worksheet (located under Applications and Forms at: www.ohiodominican.edu/finaid).
2. Request and submit a copy of your and your spouses' 2012 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)* *Student Daytime Phone Number*

## REASON FOR FILING – Loss or Reduction of income for student and/or spouse

- Name of individual(s) who lost their job: _____
- Required Documentation: Letter from past employer stating date of termination, last paystub from all job(s) worked indicating year-to-date earnings for 2013, AND documentation showing amount of unemployment being received, if applicable.

- Name of individual(s) with a reduction in pay: _____
- Required Documentation: Copy of last pay stub indicating year-to-date earnings for 2013 from previous employer, copy of most recent pay stub from current employer, AND a letter from your employer (on company letterhead) explaining job/pay changes.

## 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: _____

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