

100 Arend & Nancy Lubbers Student Services Center One Campus Dr., Allendale, MI 49401 Phone: 616.331.3234 • Fax: 616.331.3180

2024-2025 Special Circumstances - Dependent Student

This form must be submitted by March 1, 2025 for the 2024-2025 academic year.

Occasionally, unusual circumstances exist that may warrant reconsideration of financial aid eligibility. These special circumstances may be either changes that have occurred in your family circumstances since you filed the Free Application for Federal Student Aid (FAFSA) or unusual family circumstances not accounted for on the FAFSA. On the following pages we have listed the circumstances that most commonly qualify a student to file a Special Circumstances request. Select as many circumstances that fit your current situation.

To Qualify for a Special Circumstances Review, You Must:

- Write a letter explaining your particular situation
- Choose one or more of the situations outlined on the following pages
- Complete all pages of this form
- Provide all requested documentation

If your circumstance(s) does NOT fit into one of the options, you may still file the Special Circumstances Form. Please attach a letter explaining your situation as well as any supporting documentation.

Please note: Filing this appeal does not guarantee additional financial aid. Some appeals may only result in the student receiving the maximum in subsidized loan eligibility and/or Pell grant eligibility. Please allow 3-4 weeks for processing.

Student Name:	Student ID Number: G
Phone Number:	E-mail:
complete and correct. All attachments and	of the information reported to qualify for federal student aid is d supporting documents are true to the best of our knowledge. It also or misleading information may result in a fine, jail terms, or both
Student Signature:	Date:
Parent Signature:	Date:

Please return your completed form to the Office of Financial Aid & Scholarships by fax, U.S. mail, or in person. Be sure to include your name and G Number on all pages. Missing information may delay processing.

Page I of 4 SPCIRC

	Loss of Income						
	Reduction or loss of income from wo of change and new employment.	rk must be	for at <u>le</u>	ast ten (10) v	veeks or sufficient docun	nentation	
	☐ Parent I (father/mother/stepparent)		Date of I	ayoff/terminatio	on:		
	☐ Parent 2 (father/mother/stepparent)		Date of I	ayoff/terminatio	on:		
	☐ Student		Date of I	ayoff/terminatio	on:		
	Has the parent started another job?	□ No	□ Yes	If yes, give sta	rt date:		
	 Has the student started another job? 	? □ No	□ Yes	If yes, give sta	rt date:		
	 Documentation Required: A letter from employer verifying A copy of the last pay statement: *If more than one employer per par Documentation of unemployment Documentation of severance pay 	showing gro ent, please in t benefits fro	ss year-to oclude start om state ag	-date income fo /end dates in wr gency	or all jobs worked for both itten statement.		
	Loss of Child Support						
	Name of Child:	Amount re	ceived in 2	2024:	Date support ended:		
	Name of Child:	Amount red	ceived in 2	.024:	Date support ended:		
	Documentation Required:A copy of legal separation/divorceStatement from the Friend of the	• •	•				
	Receipt of One-Time Income						
	Consideration for and one-time income m University.	ay only be r	eviewed o	nce during a st	udent's enrollment at Grand	Valley State	
 Documentation Required: A signed copy of your 2022 U.S. Federal Tax Return and/or 1099 Form Written statement explaining reason for early withdrawal 							
	Separation or Divorce of Parents	since 2022	2				
	Please note that your parents must be resi	ding in sepa	rate house	holds and prov	ride documentation.		
	Date of separation/divorce:						
	Which parent will the student live with	or which pa	rent will p	rovide the mo	st financial support?		
	☐ Mother/Stepmother ☐ Father/Stepfather						
	 Documentation Required: A copy of supporting parent's mo A copy of legal separation/divorce Documentation of spousal support 	e papers; and	ď				
	Death of a Parent since 2022						
	☐ Mother/Stepmother ☐ Father/Stepfather		Date of o	leath:			
	Documentation Required: A copy of the death certificate or Describe survivor benefits that are	•		ding amounts a	nd payment terms; and		
	 Describe survivor benefits that are to be received including amounts and payment terms; and Surviving parent's 2024 income information. 						

Page 2 of 4 SPCIRC

Medical or Dental Expenses paid by your family in 2022, 2023, and/or 2024			
Please select the year you wish to claim: □ 2022 □ 2023 □ 2024			
 <u>Documentation Required:</u> Submit a copy of Schedule A—Itemized Deductions from your federal tax return; or Submit copies of supporting documentation as proof of out of pocket payments. 			
 Additional Information: Do not include payments covered by insurance or other resources. Please note: we cannot take into consideration payments made by insurance, unpaid invoices, handwritten confirmations of payments, or explanation of benefits or account statements. 			
Tuition paid out of pocket by your family in 2024			
 <u>Documentation Required:</u> Submit copy of your bill or a letter from the school documenting cost and any scholarship/grant assistance received. The bill must be for the 2024-2025 academic year. 			
Other Circumstances not addressed in the above categories			
<u>Documentation Required:</u> • Submit a statement that explains changes in your financial and/or family situation. If appropriate, please provide			

Family Size

Please list the names and ages of all the members of your family* during the 2024-2025 academic year. Also, please indicate which family members (excluding parents) will be enrolled in college at least half-time during 2024-2025 and which institution they are planning to attend. Parents cannot be listed as attending college for this form.

*The term "family" is defined as follows:

For a dependent student, include the parent (and spouse or partner), the student, the parent's dependent children (even if they live apart because of college enrollment), and other people living with the parent now. Include these dependent children and other people only if the people will provide more than half of their support between July I and June 30 of the 2024-2025 academic year.

Name	Age	Relationship	Name of College
		Self	GVSU

Page 3 of 4 SPCIRC

Expected Total Income and Benefits

Use this form to document special circumstance for your parent's household incomes received to date and to provide your best faith estimate of **all** sources of income for 2024. Please enter **zero** to indicate you do not have any types of taxable or untaxed income to report.

All sources of income for 2024	Year To Date 1/1/24 – Today	Estimated Today – 12/31/24	
Parent I Name: Total Wages, Salaries, Tips	\$	\$	
Parent 2 Name: Total Wages, Salaries, Tips	\$	\$	
Student Total Wages, Salaries, Tips	\$	\$	
Other Taxable Income:	\$	\$	
Other Taxable Income:	\$	\$	
Student Other Taxable Income:	\$	\$	
Other Untaxed Income:	\$	\$	
Other Untaxed Income:	\$	\$	
Student Other Untaxed Income:	\$	\$	
REQUIRED	Parent(s)	Student	
As of today, what is the amount of your cash, savings, and checking accounts?	\$	\$	
As of today, what is the net worth of your investments, including real estate? Don't include the home in which your parents live. Net worth means current value minus debt.			
	\$	\$	
As of today, what is the net worth of your current businesses and/or investment farms?			
	\$	\$	

Examples of **taxable** income: Unemployment compensation, taxable portion of Social Security benefits, severance pay, interest income, dividends, capital gains, alimony, pensions, annuities, IRA's, rents, royalties, partnerships, estates, trusts, life insurance payment, early withdrawal from 401k

Examples of **untaxed** income: Child support received for all children, worker's compensation, veteran's death benefits, disability, living allowances (housing, food, pensions, annuities, etc.) for military/clergy/other

Page 4 of 4 SPCIRC