

# Jackson State University

## Financial Aid Office

B. F. Roberts Hall, 1<sup>st</sup> Floor

P. O. Box 17065, Jackson, MS 39217

Telephone: (601) 979-2227 \* Fax: (601) 979-2237

Student Name: \_\_\_\_\_

Student JSU ID: \_\_\_\_\_

### ***REQUEST FOR SPECIAL CIRCUMSTANCES 2014-2015***

I am requesting that a Jackson State University Financial Aid Administrator review my circumstances for possible revision of my financial aid eligibility while attending JSU. I have attached the necessary documents to substantiate my request, and **a cover letter explaining in detail my special circumstance(s)**. Check the items that apply to you (and spouse) and/or parents and complete the appropriate sections.

\_\_\_\_\_ Unusual medical and dental expenses (Section 1)

\_\_\_\_\_ Income Reduction (Section 2)

**SECTION 1. UNUSUAL MEDICAL AND DENTAL EXPENSES** (for Independent students/spouse, or parents of Dependent students) *Please attach copies of bills, canceled checks, or other proof of expenses you have incurred in 2014, or anticipate as expenses in 2014.*

1. How much did you pay for your medical/dental insurance in 2013?  
(Do not include employer's contribution.) \$ \_\_\_\_\_
2. What were your 2013 medical/expenses not paid by insurance? \$ \_\_\_\_\_
3. Please explain if your non-reimbursed medical/dental expenses will be lower, the same, or higher in 2014, and **Why**.  
\_\_\_\_\_
4. From what source(s) will you finance these expenses? \_\_\_\_\_  
\_\_\_\_\_

**SECTION 2: INCOME REDUCTION** (for Independent students/spouse and/or parents of Dependent students). *Please provide an explanation about when your income changed and how you calculated the expected 2014 income you will submit below under anticipated income.*

1. Will your income and/or spouse's or parent's income be less in 2014 than in 2013 for any of the reasons listed below? (Attach 2013 federal income tax transcript with W-2's)  
\_\_\_\_\_ Yes \_\_\_\_\_ No
2. Please check the appropriate reason and explain on a separate sheet; giving the date of the change in your situation.  
Date: \_\_\_\_\_
  - a. \_\_\_\_\_ Unemployment or change in employment
  - b. \_\_\_\_\_ Divorce/separation
  - c. \_\_\_\_\_ Disability of self, spouse or parent
  - d. \_\_\_\_\_ Death of spouse/parent
  - e. \_\_\_\_\_ Natural Disaster
  - f. \_\_\_\_\_ One-time income (*ex: inheritance, moving expense allowance, back-year Social Security payments, or IRA or pension distribution*).
3. If 2e is checked, please submit a detailed explanation of your situation, including dates of the change in your situation.
4. If 2f is checked, identify source of income and how funds were spent or invested? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. If 2a, 2b, 2c, 2d are checked, please complete the information below for the period January 2014 to December 2014.  
 4a. If you or your parent are divorced or legally separated, give only your information or that of the custodial parent. 4b. If the loss of income was due to the death of your spouse or parent, give only your information or that of your surviving parent.

	FATHER	MOTHER	STUDENT	SPOUSE
Wages, Tips, Salaries <i>(including severance pay, disability payments and any other income from work)</i>				
Other Taxable Income				
Untaxed Social Security Benefits TANF				
Child Support actually received ( <u>indicate separately the court-ordered amount</u> )				
Other Untaxed Income				
<b>TOTAL ANTICIPATED INCOME</b>				

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Student's Spouse: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

**JSU OFFICE USE ONLY:**

Receipt Letter Date: \_\_\_\_\_

Status taken: \_\_\_\_\_

Decision: \_\_\_\_\_

Financial Aid Counselor: \_\_\_\_\_

PJ Date: \_\_\_\_\_