

Jackson State University

Financial Aid Office

B. F. Roberts Hall, 1st 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 2015-2016

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 2015, or anticipate as expenses in 2015.*

1. How much did you pay for your medical/dental insurance in 2014?
(Do not include employer's contribution.) \$ _____
2. What were your 2014 medical/expenses not paid by insurance? \$ _____
3. Please explain if your non-reimbursed medical/dental expenses will be lower, the same, or higher in 2015, 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 2015 income you will submit below under anticipated income.*

1. Will your income and/or spouse's or parent's income be less in 2015 than in 2014 for any of the reasons listed below? (Attach 2014 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 2015 to December 2015.
 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				
TOTAL ANTICIPATED INCOME				

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: _____