

Student: _____ SSN: _____

You may request a recalculation of your financial aid if you meet one of the following conditions.
Check the conditions that apply and submit all of the following:

1. Special Circumstances Form
2. A descriptive, detailed letter of the circumstances, and
3. The documentation for each situation (see page 2)

1. ___ I worked full-time in 2018 (at least 35 hours per week) for at least 30 weeks, and am no longer working full-time.
2. ___ My parent(s) earned money in 2018, but has/have been unemployed for at least 10 weeks in 2020.
3. ___ I or my parent(s) earned money in 2018, but has/have not been able to earn money in the usual way for at least 10 weeks in 2020 due to a disability or natural disaster that happened in 2019 or 2020.
4. ___ I or my parent(s) received unemployment compensation or some untaxed income/benefit for at least 10 weeks in 2020.
5. ___ Since completing the 2020-2021 FAFSA, my parents have become separated or divorced, or my parent(s) has/have died.
6. ___ Due to other unusual circumstances, my family's income will be significantly less in 2020 than it was in 2018.

COMPLETE THE TABLE BELOW WITH YOUR PROJECTED 2020 INCOME AND CURRENT FAMILY INFORMATION

Student's estimated income for the period January 1 to December 31, 2020 \$ _____

Parents' estimated income for the period January 1 to December 31, 2020 \$ _____

Other income: Source _____ \$ _____

Note: Other income includes AFDC, Child Support, Unemployment, Social Security.

Number of family members in student's household _____

Family members in college at least 1/2 time in 2020-2021:

Name: _____ College Attending: _____

Name: _____ College Attending: _____

Certification Statement: I understand that if I knowingly make a false statement or misrepresentation, further financial assistance may be denied and repayment of current assistance may be required. I certify that all information submitted with this request is true and complete to the best of my knowledge. If asked, I agree to provide any documentation requested by the Financial Aid Office to prove the accuracy of this information.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Return to: Grace College - Office of Financial Aid
200 Seminary Drive, Winona Lake, IN 46590
Fax: (574) 267-5132
E-mail: financialaid@grace.edu

REQUIRED DOCUMENTATION

Submit the following documentation according to the conditions met on the front of the form:

1. Loss of full-time employment: Provide 1) a statement describing the circumstances surrounding the job loss and the present employment situation; 2) documentation from the former employer that documents the beginning and ending dates of full-time employment; 3) a copy of the unemployment benefits received.

2. Parent unemployed for at least 10 weeks: Provide 1) a letter describing the unemployment circumstances and current employment status; 2) documentation from the previous employer to show the dates of employment (beginning and ending) as well as total yearly compensation.

3. Ten week loss of unemployment benefits or untaxed income: Provide 1) a statement describing the type of income/benefit lost and the reason for that loss; 2) a letter or document from the agency or person that verifies the date that payment was discontinued and the total amount of benefit received.

4. Parents' separation/divorce or parent(s) death: Provide 1) a statement describing current living arrangements for all family members, custody of any dependents, and property settlement; and either 2) a copy of court documents regarding legal separation/divorce/custody/child support/property settlement or 3) a copy of the death certificate.

5. Other unusual circumstances: Provide 1) a letter describing the unusual circumstances, documentation to support your statements, and how they will affect family income.

Note: Additional documentation may be required after initial review. Providing the information may or may not increase your eligibility for financial assistance.