

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 2021 (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 2021, but has/have been unemployed for at least 10 weeks in 2023.
3. \_\_\_ I or my parent(s) earned money in 2021, but has/have not been able to earn money in the usual way for at least 10 weeks in 2023 due to a disability or natural disaster that happened in 2022 or 2023.
4. \_\_\_ I or my parent(s) received unemployment compensation or some untaxed income/benefit for at least 10 weeks in 2023.
5. \_\_\_ Since completing the 2023-2024 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 2023 than it was in 2021.

**COMPLETE THE TABLE BELOW WITH YOUR PROJECTED 2023 INCOME AND CURRENT FAMILY INFORMATION**

Student's estimated income for the period January 1 to December 31, 2023	\$ _____
Parents' estimated income for the period January 1 to December 31, 2023	\$ _____
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 2023-2024:

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**  
**1 Lancer Way, Winona Lake, IN 46590**  
**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.

**4-5. 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.

**6. Other unusual circumstances:** Provide 1) a letter describing the unusual circumstances; 2) documentation to support your statements, as well as 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.