

2023-2024 Financial aid adjustment request

Professional judgement - special circumstance



Student Financial Services
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A special circumstance may be applied on a case-by-case basis to adjust your FAFSA so it more accurately reflects your current status. In order to determine your eligibility for a Special Circumstance, we will need:

- 1) This completed form.
- 2) Supporting and required documentation. There will be a delay and possibly no consideration of an adjustment if the supporting and required documentation is not attached with this completed form.

1 - Student information

Name _____ UCID _____

2 - Request for re-evaluation

Mark the Special Circumstance that best describes your current status for this academic year:

- 1) Change in employment status, income, or assets. Is your income lower in 2022 than in 2021?

(Please provide 2022 tax return and 2022 W2's.)

☐ Yes ☐ No

Will your income be lower in 2023 than it was in 2021?

☐ Yes ☐ No

If you have experienced loss of employment: Parent(s) or student/spouse – please provide expected yearly income for 2023.

(Attach all documentation of loss of employment and expected income/benefits for 2023.)

	Parent	Student
Adjusted gross income	_____	_____
Estimated federal income tax to be paid	_____	_____
Expected income from work	Father: _____	Student: _____
Expected income from work	Mother: _____	Spouse: _____
Unemployment benefits	_____	_____
Other	_____	_____

- 2) Change in housing status

☐ add name _____
☐ delete name Name _____ Relationship _____

- 3) Risk of homelessness

☐ Yes ☐ No

- 4) Change in family members in college

☐ add name _____
☐ delete name Name _____ Relationship _____

- 5) Elementary/high school tuition and/or child care expenses paid for other children: (Attach statement from school/child care facility showing monthly cost and number of months in school for the 2023-24 school year.)

Name of child _____ Amount paid/to be paid in 2023-24 _____
Name of school _____ School phone number _____

6) Medical, dental, or nursing home expenses not covered by insurance (non-reimbursed medical expenses):
(Attach documentation in chronological order including itemization sheet which shows the total non-reimbursed amount.)

Provide a brief explanation:

Patient name and relationship to student _____

7) Severe disability of the student or other member of the student's household. (Attach supporting documentation.)

Name _____

Disability _____

8) Other changes or adjustments that impact the student's costs or ability to pay for college. (Attach appropriate documentation.)

Comments:

3 - Certification

I/We certify that the information submitted is correct to the best of my/our knowledge and understand that additional documentation may be requested. I/We authorize the Office of Student Financial Services at Union College to verify the information provided for this request. I/We understand that I/we will be notified within two weeks of the decision made by the Student Finance Committee and that their decision is final.

Signatures:

_____ Student	_____ Date	_____ Spouse	_____ Date
_____ Father	_____ Date	_____ Mother	_____ Date

4 - Student Financial Services use only

Application complete ☐ Yes ☐ No Missing _____
Requested _____ Date _____
Received _____ Date _____

Selected for verification ☐ Yes ☐ No

Decision ☐ Approved ☐ Denied

Comments:

Director of Financial Services _____
Date

Student notified initial _____
Date