



2023-24 REQUEST FOR CONSIDERATION OF SPECIAL CIRCUMSTANCES

- If the Expected Family Contribution (EFC) on the Free Application for Federal Student Aid (FAFSA) is already a zero, there is no need to complete this form.
- Methodist University does NOT have a contingency fund for special circumstances. However, in cases where 2023 family income is expected to be substantially less than the 2021 family income that was reported on the FAFSA, or if there are extreme special circumstances we should take under advisement, you (student) may request a review of the EFC and financial aid eligibility.

When you request a special circumstance, there might be additional information that is needed, which includes but is not limited to, a 2023-24 Verification Worksheet, copies of your/your parent(s) (if Dependent) or your/your spouse (if Independent) complete 2021 signed federal tax return(s) (if data retrieval was not used when completing the FAFSA), 2022 signed federal tax return(s), W-2/1099/Schedule C/F forms (if applicable) to ensure the accuracy of the FAFSA before any special circumstances can be considered. Contact the Office of Financial Aid regarding any additional documentation that may be needed. **Please be advised, if corrections are made using actual 2021 information, your Expected Family Contribution (EFC) may INCREASE and any financial aid you have been awarded previously may DECREASE. Sections I, II, and III must be completed, along with a detailed letter explaining the circumstance, and documentation to support your request. All documentation MUST be submitted to the Office of Financial Aid. The Federal Family Educational Rights and Privacy Act Regulation 34 CFR 99.3 and Protecting the Confidentiality of Personally Identifiable Information (PII) prohibits Universities from receiving Sensitive Data by unsecured fax lines or emails. All items/documents containing PII information (social security number, date of birth, tax information, etc.), MUST be mailed by the U.S. Postal Service/delivered in person/or to electronically send, go to your MY MU Portal under the Financial Aid tab. The Office of Financial Aid will notify you if additional documentation is needed. Once all paperwork is received by our office, please allow two weeks for the director to review the information. It is your responsibility to contact the Office of Financial Aid for the results. ALL students are responsible for checking their Methodist email daily for messages from Methodist University.**

Please note: if any information/documentation is missing or incomplete, this will delay the process.

Name _____ **MU STUDENT ID:** _____

CONTACT PHONE NUMBER: _____

Section I-Reasons for review of financial aid eligibility

Check the circumstance and circle the person for whom it applies:

- You / Your Spouse / Your Parent(s)** were/was employed in 2021 but are/is now unemployed or under-employed.
Suggested Documentation: A statement on company letterhead from employer which specifies the last date of employment and/or date(s) of reduced hours. If partially employed in 2023, YTD paystub to verify earnings for 2023 expected work income (next page). **Check stubs are insufficient and therefore not acceptable.**
- You / Your Spouse / Your Parent(s)** earned money in 2021 but have/has been unable to pursue normal income-producing activities during 2023 due to a disability or natural disaster.
Suggested Documentation: physician's statement or written description of natural disaster
- You / Your Spouse / Your Parent(s)** received unemployment compensation or other reported income in 2021 and have had a loss or reduction in these benefits in 2023.
Suggested Documentation: letter of explanation from source of benefit
- You / Your Spouse / Your Parent(s)** received child support in 2021 and have/has totally or partially lost that income in 2023.
Suggested Documentation: letter of explanation from source of benefit
- You / Your Parents** have become separated or divorced after the FAFSA was submitted.
Date of Separation or Divorce: ____/____/____
Suggested Documentation: copy of divorce or legal separation documents; if unavailable, obtain a letter from an attorney, minister, or other responsible third party (non-relative) describing situation and date of divorce or separation
- Your Spouse / Your Parent,** whose 2021 income was reported on the FAFSA, has died since you submitted your application.
Date of Death: ____/____/____
Suggested Documentation: death certificate; obituary

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Other: If none of the conditions above apply, attach, and sign a typed explanation of the circumstances you would like us to consider when reviewing your financial aid eligibility. Please submit proof of these circumstances with this form.

Section II- Do not leave any items blank. Report total yearly figures (NOT monthly)

Dependent Students Only

	Expected 2023 Income
Dependent Student:	
2023 Expected Work Income by Parent1/Stepparent1:	\$ _____
2023 Expected Work Income by Parent2/Stepparent2:	\$ _____
2023 Other Taxable Income (e.g., unemployment benefits):	\$ _____
2023 Other Non-Taxable Income (e.g., child support, disability):	\$ _____
Total Expected 2023 Income	\$ _____

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Independent Students Only

	Expected 2023 Income
Independent Student:	
2023 Expected Work Income by student:	\$ _____
2023 Expected Work Income by spouse (if married):	\$ _____
2023 Other Taxable Income (e.g., unemployment benefits):	\$ _____
2023 Other Non-Taxable Income (e.g., child support, disability):	\$ _____
Total Expected 2022 Income	\$ _____

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Section III-Dependent Student AND parent MUST read and sign. Independent Student AND spouse (if married) MUST read and sign.

I understand that if I purposely give false or misleading information in connection with my application for Federal Student Aid, I may be subject to a fine of up to \$20,000, sent to prison, or both. I also understand that if the income estimates provided above are substantially different from what is earned for that year, I will lose my ability to request any future adjustments in subsequent application years.

Student Signature _____
Date

Parent Signature (if dependent)/Spouse (if married) _____
Date

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For Office Use Only

_____ Approved • Recalculated EFC: _____ • ISIR reprocessed: ____/____/____

Data elements/amounts that were adjusted: _____

_____ Denied Reason: _____

I hereby use my professional judgment to **adjust / not adjust** this student's expected family contribution based upon:

Director of Financial Aid _____
Date