SPECIAL CIRCUMSTANCES APPLICATION
2017-18

<table>
<thead>
<tr>
<th>Please Check</th>
<th>Reason for Review</th>
<th>Required Supporting Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Reduced Income or Loss of Wages</td>
<td>• Reduced Income Statement which will outline documentation requirements based on date income reduced/employment lost.</td>
</tr>
</tbody>
</table>
|              | Medical Expenses (Not previously reported on CSS/PROFILE Application) | • Documentation of outstanding/prior year medical bills not reimbursed or paid by insurance  
   • Explanation of circumstances  
   • Monthly Expense Statement |
|              | One-time/Non-Recurring Income                           | • Clarification (e.g., IRA distribution, sale of property, inheritance, Form 1099)  
   • Explanation of how income was used |
|              | Tuition Expenses (Private Elementary or Secondary Education) (Not previously reported on CSS/PROFILE Application) | • Copy of school’s enrollment contract that includes name(s) of child(ren) enrolled during the academic year 2017-18 tuition cost and amount of any scholarship that subsidizes tuition |
|              | Extended Family Support (Not previously reported on CSS/PROFILE Application) | • Explanation of special circumstances including name, age, relationship of person(s) receiving support along with documentation of financial support for relatives living outside family household (cancelled checks, wire transfer records, etc.) |
|              | Other (Not listed above) (e.g., recent divorce/separation, student contribution and work study adjustments) | • Detailed explanation of the circumstances  
   • Documentation supporting outlined circumstances |

Note: We cannot consider anticipated changes in circumstances.
Explanation of Special Circumstances (page 2)
(Attach separate sheet or additional sheets, if needed)

Please help us better understand the special circumstances occurring in the 2016 or 2017 calendar year by providing an additional explanation below:

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Student/Parent Certification
By signing below:

1. I/We affirm the information provided on this form and in attached documentation is accurate and complete to the best of our knowledge. I/We understand that completing this form does not guarantee financial aid will be increased. Further, I/we understand that any revision based on this information does not guarantee the same adjustments will be made in future quarters and/or academic years.

2. I/We understand the complete information will be reviewed by the Office of Undergraduate Financial Aid and that additional processing time may be necessary in the event more information is requested. I/We understand all applicable circumstances will be considered and appropriate adjustments will be made.

Student Signature ___________________________ Date ____________

Parent Signature ___________________________ Date ____________