



If you have **extreme extenuating circumstances** that warrant the reconsideration of the student’s need and financial aid package, please indicate the circumstance that applies and attach the requested documentation. Special circumstances may be taken into consideration when evaluating your 2020-2021 Financial Aid.

Because these circumstances require an in-depth, individualized review by a member of the Crown College Financial Aid Team, the review process can take several weeks to complete.

<i>What is a Special Circumstance?</i>	<i>What is not a Special Circumstance?</i>
A Special Circumstance is an unusual financial situation that may not be accurately captured by your 2020-2021 FAFSA.	Costs associated with <u>lifestyle choices</u> , <u>consumer indebtedness</u> (house payments, car expenses, living without roommates, credit card debt, etc.) or <u>bankruptcy</u> cannot be covered by need-based financial aid and cannot be used to review eligibility for financial aid.

Student Information

_____	_____	_____	_____
Last Name	First Name	M.I.	Student ID #
_____			_____
Address (include apt. no.)			Date of Birth
_____	_____	_____	_____
City	State	Zip	Phone Number to call if there are questions

Special Circumstances

What is your Special Circumstance? Check all that apply and **complete sections 2, 3 and the corresponding section in number 4.** (Additional information will be requested)

Check all that apply	Special Circumstance	Section to complete
<input type="checkbox"/>	Unemployment or change in employment	A
<input type="checkbox"/>	Extreme Medical Expenses that have been paid	B
<input type="checkbox"/>	Elementary and/or Secondary Tuition Expenses	C
<input type="checkbox"/>	One-time (non-recurring) Income in 2018	D
<input type="checkbox"/>	Divorce or Separation, Death of a parent/spouse	E
<input type="checkbox"/>	Rollover (Untaxed Pension or Untaxed IRA Distribution)	F
<input type="checkbox"/>	COVID-19 Financial Hardship or Impacts	G

This form will be reviewed within 2 weeks of receipt. An email response will be sent after our review of this form. Our response may include: The outcome of the review or a request for more information. If more information is required, you will receive another response from our office indicating the outcome of our review within 3 weeks of receipt of the additional documentation.

4. Documentation Required

A. Unemployment or change in employment

Name of Person with Status Change:	Relationship to Student:
Type of Employment Change:	Effective Date:

Employment changes that have already occurred are subject to review. Employment changes that have not yet occurred will not be reviewed.

Required Supporting Documents

- Signed copy of 2018 federal income tax return for the person with the status change and copies of all 2018 W-2's.
- Any available documents of terms of layoff, retirement, or other termination of employment.
- Any documents for new employment such as start date and pay rate or most recent pay stub.
- Final paystub
- Complete chart below. If you are required to include parent information on your 2020-2021 FAFSA, indicate which parent you are listing in each column.

Name of Parent 1 _____ Name of Parent 2 _____

2020 Income	Student or Parent 1 (choose one)	Spouse or Parent 2 (choose one)
Wages earned so far in 2020 *attach final pay stub from each job		
Wages expected for remainder of 2020 *attach most recent pay stub for new job, if available		
Other Taxable Income (Capital gains, pensions, annuities, business/farm income, severance, etc.)		
Housing Allowance, VA Assistance		
Unemployment Compensation or Disability *attach statement if available (do not report SS benefits)		
Other Untaxed Income (IRA, 401K, pension contributions, etc.)		

Child Support *anticipated annual amount		
Total Anticipated Income for 2020		

B. Extreme Medical Expenses that have been paid

Medical, dental, optical expenses, etc., not covered by insurance and have been paid, which exceed 11% of your total income. We review expenses for **one calendar year only**. Please indicate the year of your reported expenses:

- 2018 2019 2020

Required Supporting Documents

- Signed copy of 2018 federal income tax return. Include Schedule A if you itemized your medical expenses.
- Copies of receipts or statements documenting out-of-pocket expenses that have been paid.

List members in your household and the amount paid for their medical/dental expenses during the year indicated. **Include** expenses that are paid out-of-pocket with post-tax dollars.

Do Not Include expenses that have not been paid, have been paid by insurance, or have been paid by a Health Savings Account (HSA) or flexible spending account.

Full Name of Family Member	Age	Relationship to Student	Amount of Medical Expenses	Amount of Dental Expenses

C. Elementary and/or Secondary Tuition Expenses *(Note: college tuition cannot be included)*

List the members in your household (those included in the family size on your FAFSA) and the amount you will provide for their education expenses during the 2020-2021 school year. Attach an additional page if necessary. Include copies of official tuition statements for each student listed, including any tuition discounting the school will provide (be sure to indicate the date the fees will be paid).

Full Name of Family Member	Age	Relationship to Student	Elementary Tuition	Secondary Tuition

D. One-time (non-recurring) Income in 2018 Attach a copy of settlement claim. Be sure to indicate what you did with the settlement (such as deposited into checking/savings, reinvested, used to pay off debts and what those debts were, etc.) Home improvement debt and projects are not considered.

Dollar Amount:	Source of one-time Income:
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Current status of one-time income:

E. Separation or Divorce, Death of a parent/spouse

Provide documentation (Current tax return and W-2 forms, billing statements with separate addresses, divorce papers, obituary or death certificate)

If you are a Dependent student, your statement should specify which parent you lived with more during the past 12 months. If you did not live with one parent more than the other, specify which parent provided the most financial support during the past 12 months.

Effective Date of separation, divorce or death:	Name of Parent the student lived with more or provided the most financial support for the student:
Name of Deceased:	Relationship to Student:

F. Rollover (Untaxed Pension or Untaxed IRA Distribution)

Provide a signed copy of 2018 Income Tax Return.

Dollar Amount of Rollover _____

G. COVID-19 Financial Hardship or Impacts (If COVID-19 has resulted in a financial hardship, loss of employment, death or another difficulty, please explain below and complete any other relevant section in this form)

Return this completed form with documentation to the Financial Aid Office at Crown College.

Crown College, Financial Aid Office
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