



Sometimes families experience special circumstances that affect their ability to pay for college but are not reflected on their Free Application for Federal Student Aid (FAFSA). Federal regulations allow financial aid administrators to make professional judgment decisions for students with special or unusual circumstances.

The Financial Aid Office requires this application along with certain documents be provided to support you and your spouse's or you and your parent(s) (if applicable) claims of special circumstance. The Financial Aid Office will evaluate your application along with your supporting documents and FAFSA information to determine if you are eligible for any financial aid adjustment for the 2018-19 award year.

To be considered for a Special Circumstance, complete this form and submit all required documentation to: Office of Financial Aid, Eureka College, 300 E. College Avenue, Eureka, IL 61530; Or Fax documents to: 309-467-6897; OR scan and e-mail to tcrothers@eureka.edu.

Student's name: _____

Student's Eureka ID # (if known): _____

Student's address: _____

(Please print)

Your Special Circumstances will be reviewed once we have received all the following information:

1. **EC Special Circumstance Form** – Completion of section 1 & 2 of this 2018-19 Special Circumstance Form. Signed and dated.
2. **2016 Federal Tax Return Transcript** - Copies of student and parent (if applicable) 2016 Federal Tax Return Transcript. Transcripts may be obtained from the IRS online at www.irs.gov. If you, your spouse or parent did not file taxes, a complete Statement of Non-Filing Status Form is required and can be found on our website at <https://www.eureka.edu/future-students/financial-aid/financial-aid-resources/>
3. **EC Verification Worksheet** - Form located at <https://www.eureka.edu/future-students/financial-aid/financial-aid-resources/>
4. **2016 W2 forms** - Copies of student and parent (if applicable) 2016 W2 forms.
5. **2018-19 FAFSA** - Completion of the students 2018-2019 FAFSA (Free Application for Federal Student Aid); (FAFSA corrections OR verification information, if any, are needed in order for your special circumstance to be considered)

Section 1 - EXPLANATION OF SPECIAL CIRCUMSTANCE

Select only the circumstance(s) for which you wish to be reviewed and submit required documentation for the circumstance:

- Medical/Dental Expenses:** If the total amount of unreimbursed medical/dental expenses paid out in 2017 by your family was over an average of \$700 per family member. Required document for this circumstance: one of the following:
 1. Schedule A (Itemized Deductions form), as filed with a 2017 U.S. Form 1040, or
 2. Proof of payment made by the student and family for 2017 medical and dental expenses not covered by insurance.
Important: Do not include tax-exempt insurance premiums or expenses paid by medical savings through payroll deduction. These have already been excluded from income.

- Private Elementary/Secondary School Tuition:** If parents paid private school tuition for family members other than you. Required documentation for this circumstance: Complete below information and submit a statement(s) from the private school that reflects payments made in 2017 (Exclude any scholarships or discounts from amount paid).

Student's name	Age	School attended	Tuition paid
_____	_____	_____	_____
_____	_____	_____	_____

- Educational Debt:** If your parents are repaying on their own personal educational loans and/or PLUS (parent) loan(s) for a child who is no longer in college, report below the payments made in 2017.

Required documentation for this circumstance: Complete below information and submit last statement(s) from loan(s).

Loan type and for whom	Total remaining balance	Monthly payment	Number of payments made
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

Expected decrease in income: Complete this section only if 2018 income will be substantially lower than 2016 income.

Required documentation for this circumstance: Complete below information in addition to required documentation.

1. Submit most recent pay stub(s) for each parent in the household with employment earnings.
2. Submit any additional supporting documentation that may be appropriate.
3. Write description for reason for reduced income. Include dates associated with reduced income (*i.e. - last date of employment*)

4. Complete 2018 Estimated taxable income and 2018 estimated untaxed income and benefits section below. * Please list all sources of income that will be received in your household from January 1, 2018 thru December 31, 2018. Include child support or benefits received for all children or dependents living in the household. (Earnings made up to last date of employment and expected earnings through December 31, 2018).

2018 Estimated taxable income

Father's/step-father earnings	\$ _____	Rents/partnerships/estate income	\$ _____
Mother's/step-mother earnings	\$ _____	Severance package	\$ _____
Interest & dividends	\$ _____	Taxable Social Security benefits <i>(for parent and children under 18)</i>	\$ _____
Capital gains/losses	\$ _____	Business and/or farm income	\$ _____
Pension/annuities/IRAs	\$ _____		
Other taxable income (<i>Please report source - i.e. unemployment compensation</i>) \$ _____			

2018 Estimated untaxed income and benefits

Temp Assistance for Needy Families	\$ _____	Untaxed Social Security benefits	\$ _____
Housing/food allowances <i>(members of the military/clergy/other)</i>	\$ _____	Child support received for all children	\$ _____
Payments to tax-deferred pensions & IRAs	\$ _____	Untaxed IRA distributions/pensions	\$ _____
		Tax-exempt interest	\$ _____
Other untaxed income (<i>Please report source (i.e. worker's compensation, disability)</i>) \$ _____			

If you believe you have circumstances not addressed by this form, you may submit a request for consideration on a separate sheet. Include as much information as possible and be sure to attach this signed form to your request.

Section 2 - STUDENT AND PARENT CERTIFICATIONS AND SIGNATURES

Best Person to contact if there are questions or additional information needed:

Name: _____ Phone: _____

Warning: Federal regulations state that purposely giving false or misleading information may result in a fine, a prison sentence, or both.

I (We) certify that all of the information reported to qualify for federal student aid is complete and correct. If I am asked, I agree to give proof that any information is correct. I understand that if failure to provide the required requested documentation may result in denial of this application. I (We) authorize Eureka College to release updated or corrected information to the Federal Student Aid Processing Center.

Parent signature _____ Date _____

Student signature _____ Date _____