2019-2020 Financial Aid Special Circumstances Form

At Washington University we recognize that each family’s financial circumstances are unique. We recognize that errors could have been made on your application or your family’s circumstances may have changed. We are happy to consider any changes in your family’s situation. If there’s information affecting your ability to pay for college, please share this with us.

Please complete the following for a formal review of your student’s financial information.

Please check one:

☐ 2019-2020 Prospective Student  ☐ 2019-2020 Current Student

Student’s Information

Name __________________________________________________________ Birth Date ____________________________

City, State __________________________________________________ Phone Number ____________________________

Student Email Address __________________________________________

Parent Name(s) __________________________________________________

Parent(s) Email Address __________________________________________

Person completing this request:  ☐ Student  ☐ Parent

Reason for Request: Check all boxes that apply to your situation and submit the recommended supporting documents. If you are providing us with multiple supporting documents, please be sure to submit them all together.

<table>
<thead>
<tr>
<th>Please check:</th>
<th>Special Circumstance:</th>
<th>Recommended Supporting Documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Loss of employment</td>
<td>• Copy of last/most recent paystub with YTD earnings&lt;br&gt; • Termination/separation notice from employer&lt;br&gt; • Severance statement (if applicable)&lt;br&gt; • Estimated income for remainder of current year</td>
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<tr>
<td>☐</td>
<td>Significant changes in income</td>
<td>• Detailed explanation. Submit tax return.</td>
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<tr>
<td>☐</td>
<td>One-time income</td>
<td>• Clarification (ie. IRA distribution, sale of property, inheritance, 1099 form, etc).&lt;br&gt; • Detailed explanation of how income was used</td>
</tr>
<tr>
<td>☐</td>
<td>Medical expenses (not previously reported)</td>
<td>• Explanation of situation and estimate of out of pocket medical expenses paid&lt;br&gt; • Estimate of future out of pocket medical expenses</td>
</tr>
<tr>
<td>☐</td>
<td>Extended Family Support</td>
<td>• Explanation including name, age, relationship of person(s) and documentation of financial support for family members living outside of family household.</td>
</tr>
</tbody>
</table>

Please return this form to Student Financial Services at financial@wustl.edu

Washington University in St. Louis, Campus Box 1041, One Brookings Drive, St. Louis, Missouri 63130-4899
(314) 935-5900, (888) 547-6670, Fax: (314) 935-4037, Email: financial@wustl.edu, Website: sfs.wustl.edu
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<thead>
<tr>
<th>Box</th>
<th>Description</th>
<th>Additional Information</th>
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| ☐   | Unusual expenses (ie. educational debt, natural disaster, loss of benefits to student or parent) | • Documentation of education expenses of parent(s)  
• Description of circumstances related to expense  
• Copy of receipts, statements (if applicable) |
| ☐   | Marital Separation/Divorce of Parents  
Note: Parents must live in separate residences | • Documentation of separation, divorce, or verification of separate residences  
• Documentation of child support, family support, or maintenance support. Include support that is received or anticipated to be received. |
| ☐   | Death of parent | • Copy of any life insurance to be received |
| ☐   | Other circumstances not covered above | • Describe and provide supporting documentation of circumstances, including details of how this impacts your family’s contribution to college expenses. |

Step 2: Explanation of Special Circumstances – Provide a detailed explanation of the reason for your request. Attach additional page(s), if necessary.

Step 3: Signature
I certify that the information provided on this Financial Aid Special Circumstances Form is accurate and complete as of the signature date. I understand that this request does not guarantee a change(s) to the financial aid award and does not release me from payment of any balance due on the student’s account.

Signature of person completing request: ___________________________  Date: ___________________________

Requests are typically reviewed within two weeks of receipt. If additional information is requested, additional review time will be needed. Our response to your review will be sent to the email address of the person completing this request.

Submit this form and your supporting documents to:

financial@wustl.edu  or  Student Financial Services  
Washington University  
One Brookings Drive, CB 1041  
St. Louis, MO 63130

Please return this form to Student Financial Services at financial@wustl.edu

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