

### 2021-2022 Financial Aid Special Circumstances Form

#### Prospective Student

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.

**2021-2022 Prospective 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.**

Please check:	Special Circumstance:	Recommended Supporting Documents:
<input type="checkbox"/>	Loss of employment	<ul style="list-style-type: none"> <li>• Copy of last/most recent paystub with YTD earnings</li> <li>• Termination/separation notice from employer</li> <li>• Severance statement (if applicable)</li> <li>• Estimated income for remainder of current year</li> </ul>
<input type="checkbox"/>	Significant changes in income	<ul style="list-style-type: none"> <li>• Detailed explanation. Submit tax return.</li> </ul>
<input type="checkbox"/>	One-time income	<ul style="list-style-type: none"> <li>• Clarification (ie. IRA distribution, sale of property, inheritance, 1099 form, etc).</li> <li>• Detailed explanation of how income was used</li> </ul>
<input type="checkbox"/>	Medical expenses (not previously reported)	<ul style="list-style-type: none"> <li>• Explanation of situation and estimate of out of pocket medical expenses paid</li> <li>• Estimate of future out of pocket medical expenses</li> </ul>
<input type="checkbox"/>	Extended Family Support	<ul style="list-style-type: none"> <li>• Explanation including name, age, relationship of person(s) and documentation of financial support for family members living outside of family household.</li> </ul>

**Please return this form and supporting documents by uploading to your WashU Pathway at <https://financialaid.wustl.edu/financial-aid-portal/>**



# Washington University in St. Louis

## STUDENT FINANCIAL SERVICES

<input type="checkbox"/>	Unusual expenses (ie. educational debt, natural disaster, loss of benefits to student or parent)	<ul style="list-style-type: none"> <li>• Documentation of education expenses of parent(s)</li> <li>• Description of circumstances related to expense</li> <li>• Copy of receipts, statements (if applicable)</li> </ul>
<input type="checkbox"/>	Marital Separation/Divorce of Parents  Note: Parents must live in separate residences	<ul style="list-style-type: none"> <li>• Documentation of separation, divorce, or verification of separate residences</li> <li>• Documentation of child support, family support, or maintenance support. Include support that is received or anticipated to be received.</li> </ul>
<input type="checkbox"/>	Death of parent	<ul style="list-style-type: none"> <li>• Copy of any life insurance to be received</li> </ul>
<input type="checkbox"/>	Other circumstances not covered above	<ul style="list-style-type: none"> <li>• Describe and provide supporting documentation of circumstances, including details of how this impacts your family's contribution to college expenses.</li> </ul>

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.

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