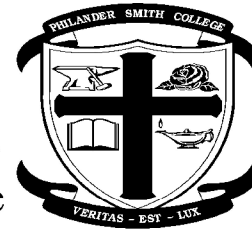


# PSC

Philander Smith College



OFFICE OF FINANCIAL AID • 900 DAISY BATES DRIVE • LITTLE ROCK, AR 72202 • (501) 370-5350 • FAX: (501) 370-5357

## 2010/2011 Special/Unusual Circumstance Application

Student Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

The primary responsibility for financing a student's education rests with the student and their family. Unless a student is classified as Independent for financial aid purposes by federal definition, parental income and asset information must be included in determining eligibility. The need analysis formula designed by Congress is used to determine a student's eligibility based on the submitted information on the FAFSA. The PSC Financial Aid Office recognizes this formula may not accurately reflect special circumstances for individual students and/or families.

If your situation has changed drastically from the information you provided on the FAFSA, and the situation falls into the one of the categories listed in this form, you may submit a complete Special/Unusual Circumstance Application with **required documentation**. Because this is often thought of as a lengthy process, please allow 4-6 weeks processing time after we receive the request.

Once a completed request review, it may result in either 1) a reduction in the base year income and/or assets, 2) the use of projected income for the current calendar year, or 3) an increase in Cost of Attendance (COA) for the current academic year.

Please note that we must verify the accuracy of the current application on file prior to processing this special circumstance application.

**Instructions:** Please check each item when completed before submitting this document to the PSC Financial Aid Office.

- 1. Check the circumstance that applies to you.
- 2. Attach documentation with a letter explaining the circumstance below.
- 3. Submit verification of the income you have received so far in 2009.
- 4. Complete the "Estimate of Income" information on the back of this document.
- 5. Submit to: PSC Financial Aid Office, Room 110, Cox Administration Building, 900 Daisy Bates Drive, Little Rock, AR 72202.

**Special Circumstances and appropriate documentation:**

- \_\_\_ Divorce of student or parent since federal aid application was completed  
-Divorce Decree or legal separation agreement
- \_\_\_ Loss of Job of Independent student, Spouse or Parent in 2009.  
-Documentation from previous employer stating reason for termination, dates of employment  
-Documentation of retirement, termination or separation income
- \_\_\_ Loss of Untaxed Income Benefits  
-Letter from appropriate agency documenting date of termination of benefit
- \_\_\_ Excessive un-reimbursed paid medical expenses.  
-Copies of medical bills and documentation of out-of-pocket payment  
-Copies of insurance statements indicating how much insurance paid

**Estimate of 2009 Income**

Independent students fill out A, B, C, D

Dependent students fill out E, F,G, H

	A. Student Taxed Income	B. Student Untaxed Income	C. Spouse Taxed Income	D. Spouse Untaxed Income	E. Father Taxed Income	F. Father Untaxed Income	G. Mother Taxed Income	H. Mother Untaxed Income
Source of Income								
2009 YTD Earnings								
Total								
Estimated Tax Liability								

Note: If income has been earned or received to date, you must attach written documentation of the total amount earned/received to date from the employer or agency.

Definitions: Taxed: Any income that would normally be reported on your federal income tax return.  
 Untaxed: Any income that is not subject to federal income tax (ie. Child support, Some social security benefits, etc.)

I certify the information provided on the front and back of this form is true and correct. I understand that if it is determined that I knowingly gave false information; my file will be referred to the Department of Education for fraud and abuse.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Father: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Mother: \_\_\_\_\_ Date: \_\_\_\_\_