Eastern Nazarene College
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Student Name: _____ **Student ID #:** _____ **Date:**_____

Parent Name: _____ **Phone Number** _____

Parent's Primary Email Address: _____

2014-2015 Special Circumstances Form

Your eligibility for need-based financial aid is based on the results of your Free Application for Federal Student Aid (FAFSA). This Special Circumstances form may be used if you have unusual circumstances that are not addressed through the information entered on the FAFSA. Eastern Nazarene College may use the data collected on this form to make a professional judgment and adjust a student's financial aid award based on this new information provided. Any changes to a student's financial aid package are only valid for the current academic year.

Please note this form does not guarantee that your request will be approved, or that you will be eligible for additional aid. In many cases professional judgment adjustments made to the FAFSA do not result in significant changes to the EFC and, therefore, do not change a student's financial aid package.

Have you completed the 2014-2015 FAFSA?

☐ Yes, then you can complete this form.
☐ No, then you **must** file the FAFSA before we can consider a professional judgment request. Please see www.fafsa.ed.gov.

Identification of Special Circumstance – Check the appropriate reason(s) for your professional adjustment request below and then complete the relevant sections of the form as fully as possible. Attach additional sheets, if needed, to fully explain your situation.

Please attach all required documentation. Copies of the most recently filed federal income tax returns for both parent and student must be attached. The tax returns must be signed with all schedules and W-2 forms included (if they have not been previously submitted to our office.) Forms submitted without all required documentation and the total amounts of the sections requested will not be processed.

☐ **DEPENDENT CARE EXPENSES** – (Only available to those filing as an independent.) The student (not parents) has to have a dependent and that dependent must have care in order for the student to attend school. Dependents may include elderly or disabled adults (including the student's spouse) as well as children. **Attach a detailed letter with supporting documentation explaining the dependent care expense. The total of the expenses is required below.**

Total Dependent Care Expense:_____

☐ **UNUSUAL EXPENSES** – Eastern Nazarene can make adjustments as a result of certain unusual expenses that are not reflected in the information provided by the student on the FAFSA. **Check below the type of unusual expense you have and complete and attach Section A to this form.**

- ☐ High medical and/or dental expenses not covered by insurance
- ☐ Support of extended family members
- ☐ Eldercare expenses including nursing home fees not covered by insurance
- ☐ Elementary and secondary school tuition for siblings of dependent student
- ☐ Parents enrolled in college at least half-time
- ☐ Other _____

Total of Unusual Expenses:_____

Identification of Special Circumstance (continued)

☐ **CHANGES IN A FAMILY'S REPORTED INCOME** – If your family situation has been altered significantly since completing 2014-2015 FAFSA, your 2013 income information may no longer be an accurate indicator of your family's ability to contribute towards your educational costs. In these cases, Eastern Nazarene may make an adjustment and use 2014 projected income rather than 2013 income information.

PLEASE REPORT CHANGES ON THE INCOME GRID ON PAGE 3. **(This section is continued on page 2.)**

Return this form and appropriate documents to:
Office of Financial Aid, Eastern Nazarene College, 23 East Elm Ave. Quincy, MA 02170
Fax: (617) 745-3992
For assistance, please call (617) 745-3712 or e-mail **financialaid@enc.edu**

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- ☐ Death of wage earner
- ☐ Divorce of student's parents
- ☐ Anticipated drop in wage income
- ☐ Termination of a child support agreement
- ☐ Wage-earner's occupation has fluctuating income
- ☐ Disability of wage earner
- ☐ Unemployment of a family member
- ☐ Anticipated drop in business or other family income
- ☐ Student leaves work to go to college full-time
- ☐ Parent is called to active duty in the armed forces
- ☐ Termination or reduction in untaxed benefits such as unemployment compensation
- ☐ Other _____

PLEASE REPORT CHANGES ON THE INCOME GRID ON PAGE 3. **(This section is continued on page 2.)**

☐ **ONE-TIME TAXABLE INCOME** – If your 2013 income information includes an unusual one-time taxable item, then Eastern Nazarene may make an adjustment to your family's income to more accurately reflect your annual recurring income. **A detailed explanation along with documented proof that the event is indeed unique must be provided. If the funds were used to pay off debt please provide documentation from the lender showing this.** Check below the item that applies to you:

- ☐ Unusual capital gains
- ☐ Proceeds of a sale of farm or business assets if the sale resulted from a voluntary or involuntary foreclosure, forfeiture, or bankruptcy or an involuntary liquidation
- ☐ Conversion of traditional IRA to Roth IRA
- ☐ Early distribution of IRA or retirement plans
- ☐ Other _____

Total of One-Time Taxable Income:_____

☐ **UNUSUAL DEBT INCURRED TO COVER THE COSTS ASSOCIATED WITH A SPECIAL CIRCUMSTANCE** – Adjustments can be made for families with mortgages, credit card expenses or other debts that are incurred to cover the costs **associated with a special circumstance**. Documented proof of the unusual debt incurred must be provided along with proof of the unusual circumstance that created the debt.

Total of Unusual Debt Payment Made:_____

☐ **OTHER SPECIAL CIRCUMSTANCES** – If you do not meet one of the conditions noted above, then please **attach a detailed letter with supporting documentation explaining the special circumstances that you, your spouse, or parents have experienced** that Eastern Nazarene should consider for a professional judgment.

Total of Other Special Expenses:_____

Certification Statement – All of the information provided in this form is true, complete and accurate to the best of my/our knowledge. I/We agree to provide additional documentation if requested. Failure to comply could result in repayment of financial aid disbursements, fines and/or criminal action. I/We understand that approval of this request does not assure approval of a similar future request and that any financial assistance offered is limited by the availability of funds in any given year. I/We also understand that approval of this request is contingent upon review of the accuracy of information in previous professional judgment appeals. **THIS FORM MUST BE SIGNED BY ALL APPLICABLE PARTIES BEFORE CONSIDERATION CAN BE MADE.**

_____	_____	(____)_____	_____
Student Signature	Date	Student Daytime Phone #	Student Email
_____	_____		
Spouse Signature (if applicable)	Date		
_____	_____	(____)_____	_____
Father/Stepfather Signature (if filing as a dependent)	Date	Parent Daytime Phone #	Parent Email
_____	_____	(____)_____	_____
Mother/Stepmother Signature (if filing as a dependent)	Date	Parent Daytime Phone #	Parent Email

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Student Full Name: _____ Student ID #: _____ Date:_____

Please provide the best possible estimates of your family's 2014 income including any anticipating unemployment benefits. Please provide *supporting documents* for all figures. This section must be completed.

	ACTUAL January 1, 2014 to Today	ESTIMATED Today to December 31, 2014
Income earned from work by father/stepfather (if filing as a dependent)		
Income earned from work by mother/stepmother (if filing as a dependent)		
Income earned from work by student		
Income earned from work by spouse of student (if applicable)		
Other taxable income (interest, pensions, unemployment benefits, severance, etc.) **Source: _____** **Recipient: _____**		
Other untaxed income (child support, Social Security, Welfare, worker's compensation, housing allowance, etc.) **Source/s: _____** **Recipient/s: _____**		
Other (please explain)		
TOTAL INCOME		

During periods of reduced employment, many families need to supplement take-home income by using funds from savings or retirement accounts. If you will be doing so, please estimate the amount to be withdrawn in 2014:

Amount $_____ Source of funds $_____