

TCU Financial Aid Office
TCU Box 297012
Fort Worth, TX 76129
(817) 257-7858
Fax (817) 257-7462

**SPECIAL CIRCUMSTANCES APPLICATION for
DEPENDENT UNDERGRADUATES
2018-2019**

This form will not be processed until TCU receives the results of your Free Application for Federal Student Aid (FAFSA) and any required documentation. Failure to provide all requested documentation will result in a delay in processing and/or denial of this request.

The TCU Office of Scholarships and Financial Aid will not consider the following situations a special circumstance:

- Unforced Retirement
- S-Corporations
- Unemployment less than 3 months
- Private-secondary education
- Recurring situations that remain unchanged from the previous year

Important Information:

- Please note your file will be selected for verification.
- Please attach an explanation letter and documentation of your situation including layoff letter or salary reduction letter from employer if applicable.
- Please note, general processing time for the Special Circumstance Application takes 4-6 weeks. Failure to submit documentation will result in a delayed processing.

Student's Name TCU ID #

Parent's Name (if Dependent Student) Phone Number

Parent's Address City State Zip

Have you filed a Special Circumstance with our office in a previous aid year? _____ Yes _____ No

A. Loss of income from work: at least 12 consecutive weeks. ** (See Comment below.)

Period of unemployment from ____/____/____ to ____/____/____.

____ **Layoff:** Provide letter from employer or unemployment commission stating effective date.

____ **Termination:** Provide letter from employer or unemployment commission stating effective date.

____ **Disability:** Date of disability ____/____/____. Attach documentation of disability.

____ **One time income:** (i.e. inheritance, moving expense, back year's social security payments, lump sum retirement or IRS distribution. You must attach a separate sheet identifying source of income and how funds were spent or invested.)

B. Loss of untaxed income: at least 12 consecutive weeks** (See Comment below.)

____ **Social Security:** Provide Social Security Administration Notification of Termination of Benefits.

____ **Child Support:** Provide court document stating termination of benefits.

____ **Worker's Compensation:** Provide a letter from Bureau of Worker's Compensation stating termination date of benefits.

C. Divorce: After filing the FAFSA, your parents (or yourself and your spouse) have separated or divorced. Date of divorce or separation ____/____/____. If divorced, attach copy of divorce decree and 2016 W-2 form(s). If separated, attach a copy of 2016 W-2 forms, 2016 tax return, and current address of the parent who moved out of the house. _____

D. Death: After applying for financial aid, a parent or spouse has died. Date of death ____/____/____. Attach a copy of the death certificate.

TCU ID # _____

E. Other unusual circumstances. Provide complete information regarding other unusual expenses. Attach appropriate documentation.

**Please note, when unemployed or have loss of income for less than 12 weeks, TCU reserves the right to evaluate the application at a later time.

Please provide the best possible estimates for the period of January 1, 2018- December 31, 2018. Additional documentation may be requested.

EXPECTED INCOME FOR 2018	ACTUAL 1/01/18 TO TODAY _____/____	ESTIMATED TODAY TO 12/31/18	TOTAL - ACTUAL INCOME PLUS ESTIMATED INCOME
Expected gross income earned from work by father in 2018			
Expected gross income earned from work by mother in 2018			
Expected income earned from work by student in 2018			
Expected gross income earned from work by spouse in 2018 (if referred to on the front of this form)			
Other taxable income (interest, pensions, unemployment compensation, severance, etc.) Source:			
Other untaxed income (child support, worker's compensation, cash received, etc.) Source:			
TOTAL INCOME FOR 2018			

CERTIFICATION:

All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I also realize that if I do not give proof when asked, the student may not receive financial assistance. I also authorize the examination of any documents, including medical records, which may be submitted as a part of this Special Circumstance application.

Student's signature

Date

Parent or Spouse signature

Date