Office of Financial Aid
101 Braddock Road
 Frostburg, MD 21532
Phone: 301-687-4301
Fax: 301-687-7074
fsufinaid@frostburg.edu

**REQUEST FOR SPECIAL OR UNUSUAL**

**CIRCUMSTANCE CONSIDERATION**

Academic Year 2024-2025

The process of determining a student’s eligibility for federal aid is basically the same for all applicants. However, we realize that a family’s situation may change or there may be special circumstances that cannot be addressed on the Free Application for Federal Student Aid (FAFSA). Therefore, in some cases, the FSU Financial Aid Office may consider circumstances that might affect you and your family’s ability to contribute to your education. If you believe you or your FAFSA contributors are burdened by special circumstances or financial hardships that are too recent to reflect on the 2024-2025 FAFSA, please provide all the requested documentation and submit it with this form to the Office of Financial Aid, 114 Pullen Hall, Frostburg State University, 101 Braddock Road, Frostburg, MD 21532.

The FSU Financial Aid Office will evaluate all supplied documentation and make any approved FAFSA adjustments on the student’s behalf. If changes are made that cause an adjustment to the student’s aid offer, a revised award offer notification will be emailed to the student. Remember, the financial aid officer’s decision is final and cannot be appealed to the Department of Education.

**You will normally receive a response to your request in 10-14 business days. The response time may increase during peak periods (May-August).**

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#  Student’s Name FSU ID

 *Street City State Zip*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#  Home Phone Cell Phone

**Period for which you are requesting special or unusual consideration:**

\_\_\_\_\_\_Academic Year 2024-2025 \_\_\_\_\_\_Fall 2024 \_\_\_\_\_\_Spring 2025

***Required documentation for all parents/students requesting special/unusual circumstance consideration include*:**

1. A signed Special Conditions Consideration Request
2. A signed letter with specific information from parent/student explaining reasons for the change in financial situation

***PLUS,*** any of the possible corresponding items that might fit your situation:

1. ***Required documentation for parents/students requesting a change in employment or unemployment:***
	1. Letter from employer indicating last day of employment, any severance pay, and/or any benefits, which will continue after dismissal.
	2. Statement from employer or last pay stub showing amount earned year-to-date for all parties involved
	3. Proof of receipt or denial of unemployment benefits
	4. Proof of any disability pay or social security benefit, if applicable
	5. If parent/student has reduction in income due to change in job, include proof of new salary
	6. Proof of spouse’s income for 2023/2024 award year

1. ***Required documentation for a divorce or Separation:***
	1. Copy of divorce/separation agreement
	2. Copy of W-2 from supporting parent
	3. Proof of child support received
2. ***Required documentation for out-of-pocket education expenses for other dependents in the household.***

1. 2024-2025 student portal account activity/receipt showing the amount of direct costs at the dependent’s university and the amount/type of financial aid received towards those costs. (The dependent’s name and school should show on this activity or be paired with proof of enrollment).

1. ***Required documentation for change in child support, alimony, or unemployment:***
	1. Proof of funding received for 2023/2024 year
	2. Proof of loss of money from agency or lawyer (child support or alimony)

1. ***Required documentation for a nonrecurring income:***

1. Documentation of origin of money - such as 1099’s or other bank statements, etc.

2. Proof of how the money was spent or invested into a retirement account

1. ***Required documentation for unusual Medical and Dental Expenses:***

 1. All receipts showing student/parent payment of medical and dental expenses (cancelled checks, receipts showing payment, or print outs of account balance history from hospitals and pharmacies showing payment)

 2. We cannot include insurance premiums as an out-of-pocket medical expense.

**Keep in mind, the Financial Aid Office has the right to request additional documentation not listed on this application before rendering a decision on your request. A decision will never be made until the student/parent provides all requested documentation.**

**Please submit this form and all required documentation together to ensure that a swift and accurate decision is made. If you are selected for verification, the verification process must be completed before any changes can be made due to an approved special/unusual conditions decision.**

## Mandatory Reporting of Child Abuse

**Please be aware that, according to Maryland law, educators are required to report current and past child abuse and neglect even when the former victim is now an adult and even when the former alleged abuser is deceased. If you disclose current or past abuse/neglect in any submitted paperwork, or to any financial aid staff personally, we are required by law to report it. Please contact the office if you want more information about this law.**

**(Signatures)**

I/We declare the information I/we have provided is true and accurate to the best of my/our knowledge and I have read and understood the mandatory reporting requirement above.

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**Student’s Signature Date**

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**Parent’s Signature Date**

**\*FSU FINANCIAL AID OFFICE USE ONLY\***

 **STUDENT CHANGES** **PARENTAL CHANGES**

 AGI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Taxes Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Taxes Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Income Earned From Work \_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT 1 Income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Adjustment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT 2 Income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Adjustment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Adjustment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number in Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Adjustment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number in Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NEW SAI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPROVED: \_\_\_\_\_\_\_\_\_ DENIED: \_\_\_\_\_\_\_\_\_\_**

**REASON:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_

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