



One University. A World of Experiences.

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

## Request for Special Condition Consideration

**Academic Year 2019-2020**

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 Office of Financial Aid may take into account circumstances that might affect you and your family’s ability to contribute to your education. If you believe you, or your family, are burdened by special circumstances, 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.

Once all of your information has been reviewed and a decision has been made, the Financial Aid Office will make any necessary adjustments and send out a new award notification. 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).**

|                       |             |   |            |
|-----------------------|-------------|---|------------|
| _____                 |             | _____                                   |            |
| <i>Student's Name</i> |             | <i>Social Security Number or FSU ID</i> |            |
| _____                 |             |   |            |
| <i>Street</i>         | <i>City</i> | <i>State</i>                            | <i>Zip</i> |
| _____                 |             | _____                                   |            |
| <i>Home Phone</i>     |             | <i>Cell Phone</i>                       |            |

Award Period for which you are requesting special consideration:

\_\_\_\_ Fall 2019      \_\_\_\_ Spring 2020      \_\_\_\_ Fall/Spring 2019-2020

***Required documentation for all parents/students requesting special condition:***

1. A signed letter with specific information from parent/student explaining reasons for change in situation
2. A signed copy of 2017 federal tax returns
3. 2017 W-2s for parent/s and student

***PLUS*** any of the following that pertains to your situation:

***A. Required documentation, in addition to above, 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 2018 award year

***B. Required documentation, in addition to A, for a divorce or Separation:***

1. Copy of divorce agreement
2. Copy of W-2 from supporting parent
3. Proof of child support received

***C. Required documentation, in addition to A, for change in child support, alimony, or unemployment:***

1. Proof of funding received for 2019 year
2. Proof of loss of money from agency or lawyer (child support or alimony)

***D. Required documentation, in addition to A, 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

***E. Required documentation, in addition to A, 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.

***F. For other special conditions not covered by any of the above stipulations:***

1. A letter of explanation describing the situation
2. Any and all supporting documentation to clarify your request

Keep in mind, the Financial Aid Office has the right to require 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 as a result of the special 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 paper work, 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.

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**

| STUDENT CHANGES  |       | PARENTAL CHANGES |       |
|------------------|-------|------------------|-------|
| AGI              | _____ | AGI              | _____ |
| TAXES PAID       | _____ | TAXES PAID       | _____ |
| INCOME FROM WORK | _____ | FATHER INCOME    | _____ |
| WORKSHEET A      | _____ | MOTHER INCOME    | _____ |
| WORKSHEET B      | _____ | WORKSHEET A      | _____ |
| NUMBER IN HOUSE  | _____ | WORKSHEET B      | _____ |
|                  |       | NUMBER IN HOUSE  | _____ |
| <b>NEW EFC</b>   | _____ |                  |       |
| <b>DENIED</b>    | _____ | <b>APPROVED</b>  | _____ |
| <b>REASON</b>    | _____ |                  |       |
|                  | _____ |                  |       |
|                  | _____ |                  |       |