EMORY & HENRY COLLEGE

2016-2017
Financial Aid Special Circumstance Request Form

Emory & Henry is committed to making college affordable. We understand that there are special circumstances that affect your ability to pay for college. This process allows for us to evaluate certain changes in your family's financial situation that do not truly reflect your ability to pay for college. By completing this process, we are ***not*** guaranteeing that we will be able to make any adjustments to your current financial aid package. On the back of this form, you will find the types of special circumstances that we can take into account. Listed under each special circumstance is the documentation that is ***required*** to complete the review process. Once all documents are received, the Director of Financial Aid will review the information and determine if an adjustment to your financial aid is warranted. You will be notified of the results normally within five to seven business days from the receipt date of all required documentation.

EXPLANATION OF SPECIAL CIRCUMSTANCES:

In the space below, briefly describe the reason you are requesting a re-evaluation of your financial aid.

CERTIFICATION:

We certify that this information is complete and accurate. We understand that by completing this request, it does not guarantee any changes to the student's current financial aid package.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Please return form to:

Financial Aid Office
P.O. Box 947
Emory, VA 24327
FAX: 276-944-6884

EMORY & HENRY COLLEGE

(Dependent Student Only)

This is not a complete list of situations that are considered for a review. Please contact our office for specific questions.
If your situation is one of the following, please submit all necessary paperwork.

□ **Divorce or Separation** (within the last calendar year)
- Completed Verification Worksheet
- Copy of student and parent's 2015 filed IRS Federal Tax Transcript
- Copy of student and parent's **signed** 2015 filed Federal Tax Return with supporting schedules
- Copy of student and parent's 2015 W-2's and 1099 forms
- Copy of the separation agreement/divorce decree
- Proof of child support received
- If separated, provide proof of separate residences (i.e., utility bill, rental/lease/mortgage statement, etc.)

□ **Death or Disability of a family member** (within the last calendar year)
- Completed Verification Worksheet
- Copy of student and parent's 2015 filed IRS Federal Tax Transcript
- Copy of student and parent's **signed** 2015 filed Federal Tax Return with supporting schedules
- Copy of student and parent's 2015 W-2's and 1099 forms
- Death certificate /Disability certification

□ **Unreimbursed Medical Expenses** (limited to expenses accrued during the last calendar year and not covered by insurance)
- Completed Verification Worksheet
- Copy of student and parent's 2015 filed IRS Federal Tax Transcript
- Copy of student and parent's **signed** 2015 filed Federal Tax Return with supporting schedules
- Copy of student and parent's 2015 W-2's and 1099 forms
- Statement from your health care provider listing your charges for current year
- Statement from your health insurance provider listing the payments made on your behalf for the current year

NOTE: ***Any expenses for which you received reimbursement OR expenses that were deducted on Schedule A of your Federal Tax Return will not be considered. In addition, receipts or an estimation of what you have spent will not be accepted***.

□ **Loss of Income** (limited to loss of job or more than a reduction of 25% of income within the last calendar year)
- Completed Verification Worksheet
- Copy of student and parent's 2015 filed IRS Federal Tax Transcript
- Copy of student and parent's **signed** 2015 filed Federal Tax Return with supporting schedules
- Copy of student and parent's 2015 W-2's and 1099 forms
- Proof of separation from your employer on company letterhead
- Severance package documentation
- Copy of your Benefit Determination Letter from the Department of Labor/State Unemployment Office

□ **Child Care/Elder Care Cost** (within the last calendar year)
- Completed Verification Worksheet
- Copy of student and parent's 2015 filed IRS Federal Tax Transcript
- Copy of student and parent's **signed** 2015 filed Federal Tax Return with supporting schedules
- Copy of student and parent's 2015 W-2's and 1099 forms
- Statement on care provider's letterhead detailing how much was spent or is expected to be spent

Please return the completed form as well as all required documents to:

Financial Aid Office
P.O. Box 947
Emory, VA 24327
FAX: 276-944-6884
PHONE: 276-944-6940
E-mail: ehfinaid@ehc.edu