



**Special Circumstance Request may be used for the following situations:**

- Loss of student/spouse/parent job due to dislocated worker, retirement, lay-off, or termination.
- Loss of financial benefits.
- Income loss due to natural disaster, death, injury, or illness.
- Financial impact due to separation, divorce, or call to military service.
- Reduction in work hours resulting from reduction in workforce.

**STEP 1 Apply for Financial Aid**

**Complete the 2024-2025 FAFSA:** Apply on line at: [www.fafsa.ed.gov](http://www.fafsa.ed.gov). Johnson C. Smith University, school code 002936.

**STEP 2 Complete your Johnson C. Smith University financial aid file**

After applying for financial aid using the FAFSA, you will receive a financial aid award letter or a request for additional documentation in order to establish your financial aid eligibility. You must complete and submit all required documents prior to consideration of special circumstances.

**STEP 3 Complete the Special Circumstances Request Form**

Prepare a written statement indicating your special circumstances and gather any supporting documentation. The Financial Aid Staff will re



## Special Circumstances Request Resources

**\*\*Dependent Students (include student and parent information)**  
**\*\*Independent Students (include student and spouse information)**

### 2. Indicate annual income

Indicate the amount of income you received or plan to receive and provide documentation.

<u>Annual 2022 Income</u>		<u>Annual Current Year-2024 Earned/Projected</u>	
Gross Income from employment	\$ _____	Gross income from Employment	\$ _____
Unemployment	\$ _____	Unemployment	\$ _____
Alimony	\$ _____	Alimony	\$ _____
Veteran's Benefits	\$ _____	Veteran's Benefits	\$ _____
Pensions/Dividends	\$ _____	Pensions/Dividends	\$ _____
Social Security/SSI	\$ _____	Social Security/SSI	\$ _____
Child Support	\$ _____	Child Support	\$ _____
Other (specify)	\$ _____	Other (specify)	\$ _____
Other (specify)	\$ _____	Other (specify)	\$ _____
<b>Annual Total</b>	<b>\$ _____</b>	<b>Annual Total</b>	<b>\$ _____</b>

- I certify that all information on this form is true and accurate.
- I understand I must promptly report **ANY CHANGES** in the information reported on this form and that such changes may affect financial aid eligibility.
- I understand that false statements or misrepresentations will be cause for denial, reduction, or repayment of financial aid received.