



Office of Student Financial Services
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 Colchester, VT 05439
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2023-2024 Special Circumstance Form

Student Name: _____ **ID:** _____

Financial aid eligibility for the 2023-2024 academic year is calculated based on 2021 income reported on the FAFSA and we recognize that the information does not always reflect current financial circumstances. If your circumstances have changed, please notify Student Financial Services for a possible re-evaluation of eligibility for need-based financial aid. Please complete the form below and submit the required documentation.

Check Box	Change in Circumstance	Required Supporting Documentation
<input type="checkbox"/>	Significant loss of income due to job loss or employment change	<ul style="list-style-type: none"> Estimated Income Worksheet and required documents found on page 2. Termination notice from employer, if applicable Severance statement, if applicable Unemployment benefits, if applicable
<input type="checkbox"/>	One-time/non-recurring income	<ul style="list-style-type: none"> Clarification of income Explanation of how income was used
<input type="checkbox"/>	Medical Expenses	<ul style="list-style-type: none"> Receipts for medical bills not paid by insurance and paid by your family Explanation of circumstances
<input type="checkbox"/>	Divorce/Separation or Death of a Spouse AFTER the FAFSA was filed	<ul style="list-style-type: none"> Estimated Income Worksheet using income from the parent whom student lived with the most in the past 12 months.
<input type="checkbox"/>	Other	<ul style="list-style-type: none"> Description of special circumstances Supporting documentation

Certification: I certify that the data on this form is correct and accurate to the best of my/our knowledge. If requested, I agree to provide any documentation necessary to verify the information on this request.

Please print and sign before submitting. We **CANNOT** accept digital signatures.

Student Signature _____ **Date** _____

Parent Signature _____ **Date** _____

Parent Email _____

If you need assistance completing this form, please email our office at finaid@smcvt.edu

2023 - 2024 Estimated Income Worksheet

Student Name: _____ **ID:** _____

Complete the Estimated Income Worksheet when you are able to provide an accurate, good-faith estimate of projected 2023 income from all sources. Do not leave items blank; put 0 or N/A if doesn't apply. **Please be sure to sign and date the certification statement below.**

When did the change in income occur? _____ (MM/YY)

TAXABLE INCOME SOURCES	2023 ESTIMATE
Parent 1 wages – Please provide W2 or last paystub	\$
Parent 2 wages – Please provide W2 or last paystub	\$
Interest and dividends	\$
IRA/Pension: (Total: _____ Rollover Amount: _____)	\$
Unemployment compensation	\$
Severance compensation – Please provide documentation	\$
Other (Source: _____)	\$
UNTAXABLE INCOME SOURCES	2023 ESTIMATE
Pre-tax pension contributions, IRA/Keough payments	\$
Housing/living allowance	\$
Workers' compensation/Untaxed disability	\$
Child support received	\$
Untaxed social security (for all family members)	\$
Other untaxed income (source: _____)	\$

Along with this form, please provide our office with:

- **Your parent(s) signed and dated 2022 federal tax return (all pages and schedules) and W2(s) OR if taxes not filed your parent(s) most recent 2022 paystub(s) showing year to date earnings**
- **Your parent(s) most recent 2023 paystub(s) if applicable, showing year-to-date earnings**
- **A signed letter explaining your extenuating circumstances**

Certification: I certify that the data on this form is correct and accurate to the best of my/our knowledge. If requested, I agree to provide any documentation necessary to verify the information.

Student Signature _____ **Date** _____

Parent Signature _____ **Date** _____

Parent Email _____