

Financial Aid Office

6420 SE 15th St • Midwest City, OK 73110 • Student Services Building, Room 200
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2024-2025 Special Circumstances Request for an Independent Student

****Please fill out in Blue or Black Ink only****

****Scanned or printed copies only, photos of completed forms cannot be accepted****

Student Name: _____ **RSC Student ID:** _____

Your financial aid eligibility is determined according to procedures established by the federal government. These procedures require that each student undergo a consistent evaluation of the family's ability to pay the direct costs of attending school.

Based on this evaluation of your ability to pay for school and an estimate of your cost of attendance, we offer you a package of financial aid to help you meet the costs you are not able to meet.

In establishing these procedures, the federal government has acknowledged that some students will have special circumstances affecting their ability to pay for school. As a result, the government does give financial aid administrators limited authority to make adjustments to financial aid eligibility.

Federal regulations governing the student financial aid programs allow for the recalculation of eligibility if the student (and/or spouse) has encountered significant financial changes between the 2022 income reported on the 2024-2025 FAFSA and the current academic year. This comparison will allow the RSC Financial Aid Office to determine if your family's resources have decreased significantly during the 2024-2025 academic year.

All students requesting a special circumstance review will automatically be selected by the RSC Financial Aid Office for verification of certain information reported on the student's FAFSA. In addition to the documents required to verify your special circumstance, independent students will also be required to submit the following documents:

- *a copy of your 2022 IRS Tax Return Transcript or signed paper copy of your 2022 personal IRS federal tax return*
- *a copy of your spouse's (if married) 2022 IRS Tax Return Transcript or signed paper copy of your spouse's 2022 personal IRS federal tax return*
- *a copy of you and your spouse's (if married) 2022 IRS W2 Form(s)*
- 2024-2025 Independent Verification Worksheet www.rose.edu/financial-aid-forms

The student must complete all sections of this form:

- Section I - Special Circumstance
- Section II- Student's Current Income Worksheet
- Section III-Other Information
- Section IV-Student Certification

REQUESTS SUBMITTED WITHOUT DOCUMENTATION WILL NOT BE PROCESSED.

THE DECISION RENDERED BY THE RSC FINANCIAL AID OFFICE IS FINAL AND CANNOT BE APPEALED.

YOUR STUDENT AID INDEX

The U.S. Department of Education uses a federal formula to calculate your Student Aid Index (SAI). The SAI is based on the notion that each student (and his or her family) has the primary responsibility of providing for the cost of attending college to the extent that they are financially able. Sometimes a family's financial situation changes and the information used to calculate your SAI is no longer realistic. Situations that may qualify for an SAI adjustment may include, but are not limited to, the reasons listed below.

Please choose your special circumstance from Section I.

SECTION I – SPECIAL CIRCUMSTANCE

(You must also complete SECTIONS II, III and IV of this form)

A – DISABILITY

(You should also complete SECTIONS II, III and IV of this form)

I, or my spouse, have become disabled since the original FAFSA application was submitted and the disability has resulted in a loss of income or earning potential.

If this circumstance applies, when did the disability begin? _____

If this circumstance applies, when did you/your spouse's employment stop? _____

You must submit a letter on letterhead that describes the disability. The letter should be prepared by a physician or health agency and should address your employability.

B – UNEMPLOYMENT

(You must also complete SECTIONS II, III and IV of this form)

I, or my spouse, have experienced a significant change in employment that will result in a significant loss of income since the 2022 tax year:

1. Submit a statement from you or your spouse's employer(s) that verifies the date that full-time employment ended. If this is not available, submit a notarized statement that verifies your, or your spouse's last date of full-time employment.
2. Submit your, or your spouse's last pay stub(s) for the job(s) that ended.

C – DIVORCE, LEGAL SEPARATION or DEATH of a SPOUSE

(You must also complete section II, III and IV of this form)

If applicable, what was the date of your divorce or legal separation? _____

- *If this item applies, you must submit a copy of your divorce decree or documentation of legal separation.*

If applicable, what was the date of your spouse's death? _____

- *If this item applies, attach a copy of your spouse's death certificate.*

List the current members of your household, including yourself:

| Name | Relationship to Applicant | Age |
|------|---------------------------|-----|
| | | |
| | | |
| | | |
| | | |

D – MARRIAGE OR REMARRIAGE**(You must also complete section II, III and IV of this form).**

At the time I originally submitted my 2024-2025 FAFSA, I was not married; however, I have since married or remarried. If this condition applies, you must submit a copy of your marriage license.

_____ Date of marriage

E – LOSS of OTHER RESOURCES**(You must also complete section II, III and IV of this form).**

I, or my spouse, have lost other resources which were available in 2022. Indicate the kind of resource(s) lost and the date you or your spouse ceased to receive the income:

Type of Income: _____ Last Date Received: _____

To verify this item, you should submit a statement which verifies the total amount of the indicated income received for 2022. The statement should verify the last date the resource was received by you or your spouse. This should normally be verified on agency letterhead.

SECTION II – STUDENT CURRENT INCOME WORKSHEET

This section must be completed in all cases. If married, your spouse's section should also be completed. You must submit documentation to verify ALL sources of income you are currently receiving for **as of the date this form is submitted.**

| Type of Income | Dates resources are received for student/spouse | Your CURRENT monthly income from this source | Your total income from this source (Year to Current Date) | Spouse's CURRENT monthly income from this source | Spouse total income from this source (Year to Current Date) |
|------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------|-----------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------|
| Wages/Salary/Tips | | \$_____/mo | \$_____ YTD | \$_____/mo | \$_____ YTD |
| Other Taxable Income | | \$_____/mo | \$_____ YTD | \$_____/mo | \$_____ YTD |
| Child Support for all Children/Alimony | | \$_____/mo | \$_____ YTD | \$_____/mo | \$_____ YTD |
| Welfare (such as AFDC; TANF; Food Stamps; Housing Assistance) | | \$_____/mo | \$_____ YTD | \$_____/mo | \$_____ YTD |
| Military Quarters and Rations Allowances | | \$_____/mo | \$_____ YTD | \$_____/mo | \$_____ YTD |
| Worker's Compensation/Severance Pay/Disability Income/Cash Settlements | | \$_____/mo | \$_____ YTD | \$_____/mo | \$_____ YTD |
| Other Income Specify: _____ | | \$_____/mo | \$_____ YTD | \$_____/mo | \$_____ YTD |

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SECTION III – OTHER INFORMATION

You should use this section to explain your special circumstance or you must provide us with a separate statement explaining your situation.

SECTION IV - CERTIFICATION

I/We certify the information reported on this form as accurate and complete. I/We understand we may be requested to provide additional documentation to support our request. I/We also understand the estimates reported on this form must be accurate or eligibility for assistance may be affected.

Student Signature: _____

Date: _____

Spouse Signature (if applicable): _____

Date: _____

WARNING: If you purposely give false or misleading information on this form, you may be fined, sent to prison, or both.

RSC Financial Aid Office Use Only

Request for Special Circumstance Approved: ☐ Yes ☐ No

If no, reason: _____

Reviewed By: _____

Date: _____