



Rhodes College

—1848—

Special Financial Circumstances Information 2019-2020 Academic Year

NOTE: All students requesting review of current financial aid status based on special financial circumstances **MUST** have completed the 2019-20 Free Application for Federal Student Aid (FAFSA) incoming students will also need to complete 2019-20 CSS PROFILE. See our website for links to these forms. <https://www.rhodes.edu/forms>

Because certain situations and events can affect a family’s ability to pay for college, it is important that you make us aware of unusual financial circumstances that you believe are not reflected accurately on your need-based forms. *If your 2019-20 Expected Family Contribution (EFC) is currently \$0, this form will not affect your aid and you should meet with a financial aid administrator to discuss your situation.* Please understand that we have limits on what we can do, but we will look at your individual situation carefully and thoughtfully.

The following are **NOT** considered *special financial circumstances*:

- Private elementary or secondary school tuition (unless required by learning disabilities and the like)
- Pending reduction in income due to fluctuating commissions
- Consumer debt
- Refusal of a parent to provide financial support to the applicant/student
- Anything that “might happen” in the future

Following this cover letter is our “Special Financial Circumstances Form” that will assist you in explaining your situation. **Financial Aid reserves the right to request additional documentation such as but not limited to 2018 IRS 1040 form, W-2 form, 2018 Tax Transcript or various tax return schedules for clarification. Consideration of your “Special Financial Circumstance Form” will be pending submission of all required documents.**

The results of this request for special financial circumstances consideration will be based on the individual circumstances outlined in the completion of this form. Students and/or parents will be notified **via email** to parent and student of the appeal decision. Please remember that submission of this form does not guarantee an adjustment to the student’s award.

If you have any questions, please feel free to email our office at finaid@rhodes.edu. **Please mail or fax completed form to:**

Rhodes College
Office of Financial Aid
2000 North Parkway
Memphis, TN 38112

Fax: (901) 843-3435
E-mail: finaid@rhodes.edu

Financial Aid Office Use Only:

Initial Date Form / Process

_____ RNIAPPL-FAFSA all students

_____ CSS PROFILE RECEIVED Incoming Freshman Only

_____ RRAAREQ-TXSA18 or TXSA18 if Medical Expense

_____ RRAAREQ- PW218 or PW218 if Parent Separation/Divorce

_____ ROAUSDF-PJ REQ

2018-2019 Special Financial Circumstance Form

Student's Full Name _____ Rhodes ID: **R 0 5** _____

Section A: Reason for Special Financial Circumstances Review

Following are questions that will help us understand why your household is experiencing a change in financial resources. Please complete all sections that apply to your situation and be sure to attach documentation of change to this form.

Unusually High Medical/Dental Expenses

Write in the amount paid out-of-pocket in 2018 and expected to be paid in 2018 for medical and dental expenses. Do not include amounts reimbursed by insurance or claimed as deductions on your federal tax form.

Total Paid out of pocket in 2018 \$ _____

Anticipated medical expenses claimed on Schedule A of the IRS tax form 2018 \$ _____

Total estimated to be paid out of pocket in 2019 \$ _____

You must provide the following to be considered:

- **a detailed explanation of the reported expenses**
- **attach proof of unreimbursed expenses (insurance records, your doctor's records)**
- **and 2018 IRS tax form Schedule A (if after Feb. 1, 2019)**

Complete Sections C, D and E of this form

Parents' Separation/Divorce or Death of a Parent:

Complete this section only if your parents separated or divorced after the 19-20 FAFSA was completed OR a parent died after the 19-20 FAFSA was completed.

For parents' separation/divorce:

Which parent do you live with? ___ Father ___ Mother

Date of separation/divorce: _____ (month/year)

For death of a parent:

Date of death: _____ (month/year)

Surviving parent: ___ Father ___ Mother

You must provide the following to be considered:

- **a copy of W-2 from current parent.**
- **attach separation/divorce agreement or death certificate.**

Complete Section B, C, D and E of this form

Loss/change of job/ reduction of income or benefit:

Which person experienced a loss of, or changes in, income? *(Check all that apply)*

___ Father/Step (Effective date: __/__/__) ___ Student (Effective date: __/__/__)

___ Mother/Step (Effective date: __/__/__)

Reasons for reduction/loss: *(Check all that apply)*

___ Job change ___ Reduced Overtime ___ Retirement ___ Termination by Employer

___ Termination by agency ___ Other (specify) _____

___ Lost Benefit (severance): _____ Amount received (if any) for the 2018-19 year: _____

You must provide the following to be considered:

- **Documentation of loss such termination notice.**
- **Last paystub**
- **2018 Tax returns if after February 1, 2019**

Complete Section B, C, D and E of this form

Section D: Additional Forms

What financial aid form(s) have you completed for 2019-20? *All students requesting review of current financial aid status based on special financial circumstances MUST have completed the 2019-2020 Free Application for Federal Student Aid (FAFSA) incoming students will also need to complete 2019-2020 CSS PROFILE. See our website for links to these forms.*

____ 2019-2020 FAFSA Date Completed _____

____ 2019-2020 CSS PROFILE *(required for freshman only)* Date Completed _____

Section E: Contact Information and Certification

Parent 1 Name _____

Email Address _____

By signing below, we (the parent and the student) affirm that the data contained on this form are true and complete to the best of our knowledge. Any falsification of data is an honor code infringement. I further understand that submission of this information does not guarantee an increase in my financial aid package. I further certify that if any information of the above information changes, I will notify the Financial Aid Office in writing of the changes.

Student: _____ Date: _____

Parent: _____ Date: _____