

Student ID #	
Name	
Email Address	
Telephone #	

The Unique Circumstances Form can be used if you or your family has experienced an unusual circumstance that may affect your ability to pay for your education at Pennsylvania College of Health Sciences. Before we can take your circumstance into consideration, you must have filed the 2019-2020 Free Application for Federal Financial Aid (FAFSA). The reduction must result from one of the unique circumstances listed below occurring between January 1, 2018 and January 31, 2020. The last day to submit this form along with supporting documentation is March 15, 2020.

This form is designed to adjust the Expected Family Contribution (EFC), which determines what portion of aid can be need based. **Submitting this form does not necessarily mean additional aid will be awarded.** Graduate students are awarded Unsubsidized Direct Loans only and would not benefit from completing this form.

Please complete and return this form and any requested documentation to the Student Service Center. Documents may be emailed to fs@PAcollege.edu. To protect your personal information, we are only allowed to accept emailed documents from your PA College email address—documents from other addresses or sent via fax will **not** be accepted. Please allow 24-48 hours for your Required Documents to be updated (Portal > Self-Service Home).

UNIQUE CIRCUMSTANCE (Identify your special condition by checking (✓) each category which pertains to you.)

Death of parent or spouse on/after January 1, 2018

Date of death: _____

Required documentation: Copy of death certificate

Separation or divorce of parents (or student) on/after January 1, 2018

Date of separation/divorce: _____

Required documentation: If separated, documentation indicating individuals are living in separate residences; if divorced, divorce documentation (divorce decree)

Permanent and total disability suffered on/after January 1, 2018

Date of disability: _____

Required documentation: (1) Signed letter from a physician stating the extent and duration of disability (stamped signature not acceptable), (2) Year-to-date income (last pay stub), and (3) Disability benefit statement from Social Security Administration

Loss or reduction of income of at least 20% on/after January 1, 2018

Loss/reduction of income must result from retirement, unemployment, or change in employment

Date of change: _____

Required documentation: (1) Dated letter of resignation or termination, and (2) Year-to-date income (last pay stub), or (3) benefit from Unemployment Administration showing monthly benefit or denial of benefits

Reduction of untaxed income on/after January 1, 2018

Date of change: _____

Required documentation: Supporting documents

One time income received in 2017 that you will not receive in 2019

Date of change: _____

Required documentation: Supporting documents

2019-20 Unique Circumstances

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EXPLANATION OF APPEAL

Please explain your special conditions in detail below. How has the situation affected your ability to pay for your 2019-2020 educational expenses?

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HOUSEHOLD INFORMATION

Please use the chart below to list the members in your household using the information below. If you were required to include parental information on your FAFSA, you are considered a "Dependent Student."

Dependent Students

List the people in your parent's household including:

- Yourself
- Parent(s) (including stepparent) even if you don't live with them
- Your parents' other children, even if they do not live with your parent(s), if
 - Your parents will provide more than half of their support from July 1, 2019 through June 30, 2020, OR
 - The child would be required to give parental information when completing a FAFSA for 2019-2020
- Any other people if they now live with your parent(s), your parent(s) provide more than half their support, and will continue to provide more than half their support from July 1, 2019 through June 30, 2020

Independent Students

List the people in your household including:

- Yourself
- Your spouse, if married
- Your children (and spouse's), if any, even if they do not live with you, if
 - You will provide more than half of their support from July 1, 2019, through June 30, 2020, OR
 - If the child would be required to provide your information if they were completing a FAFSA for 2019-2020
- Any other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2020

Full Name	Age	Relationship to You	Name of College (if enrolled at least half time this year) Do not include your parent's college
1.		Self	PA College
2.			
3.			
4.			
5.			
6.			

EXPECTED INCOME TABLE

Use the chart below to estimate how much each person listed in the first column will earn between July 1, 2019 and June 30, 2020. **Documentation of the below estimates will be required upon submission.**

	Gross earnings from work	Unemployment benefits	Severance pay	Other
Student	\$	\$	\$	\$
Spouse (if student is married)	\$	\$	\$	\$
Parent 1 (if in household above)	\$	\$	\$	\$
Parent 2 (if in household above)	\$	\$	\$	\$

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SIGN THIS APPEAL

Please initial the following as an indication that the required documentation is attached to this appeal. Missing documentation may cause your appeal’s decision to be delayed or possibly denied.

- _____ Documentation requested pertaining to your unique circumstance
- _____ A copy of your 2017 Federal Tax Return Transcript (and your spouse’s if you’re married)
- _____ A copy of your parent(s) 2017 Federal Tax Return Transcript (if the student is dependent)
- _____ Any additional information you feel is needed to help explain your situation

Submit all documentation to:
Email: sfs@PAcollege.edu from your PA College email address or

Mail to: Student Financial Services
Pennsylvania College of Health Sciences
850 Greenfield Road
Lancaster, PA 17601

THIS FORM WILL NOT BE REVIEWED WITHOUT THE REQUIRED DOCUMENTATION

I certify the information on this form is true and complete to the best of my knowledge. I understand that purposely giving false or misleading information may result in fines, penalties, and/or reduction or immediate repayment of aid. I understand that the information provided on this form may affect my/my student’s financial aid eligibility/award. If you are a dependent student, at least one parent must sign this form.

Student Signature: _____ Date: _____

Note: Unsigned documents will be returned. This form must be signed with a physical signature. Typed names or electronic signatures are not acceptable.

Parent Signature: _____ Date: _____

Note: Unsigned documents will be returned. This form must be signed with a physical signature. Typed names or electronic signatures are not acceptable.

The approval of your professional judgment request does not in any way guarantee your eligibility for financial aid. For some students already receiving maximum awards, the financial aid amount may not change following Professional Judgment approval. The Student Service Center will not consider reductions in income for the following circumstances: unusual expenses related to personal living (e.g. wedding expenses, credit card bills, vacations, moving expenses, home mortgage payments, car payments, utilities, school loan payments, other miscellaneous consumer item expenses) and one year income changes due to lottery or gambling winnings or losses.