



Date: _____ Student ID: _____ Preferred Contact Phone Number: _____

Student Name: _____ E-mail: _____

Before you can be considered for a special circumstance, the *Free Application for Federal Student Aid (FAFSA)* must be on file with MVNU. All requested documentation must be received, along with this form, before a review will occur. If you have any questions, call (740) 397-9000, ext. 4520 or e-mail finaid@mvnu.edu.

A. Indicate (with an "x") the reason for your special conditions request:

- Reduction or loss of income
- Unusual expenses: medical and dental expenses not covered by insurance, etc.
- Change in household size
- Other (please specify): _____

B. Complete the Projected Year Income Chart below.

C. Attach a Special Circumstance Letter.

The letter should be a written explanation of your situation stating the reason for your request.

D. Provide documentation to support request.

Documentation may include copies of unemployment benefits, last paystub, medical explanation of benefits form, etc.

E. Complete the appropriate verification worksheet available at <http://www.gotomvnu.com/preparing/forms.asp>.

(___ already on file)

F. Enclose copies of both student and parent Federal income tax returns and W-2s. (___ already on file)

Current Year Projected Income Chart:

January 1 – December 31 (projected, current year)				
Source of Income	Father	Mother	Student	Spouse
Wages, salaries, tips	\$	\$	\$	\$
Unemployment or Workman's Compensation, or Disability Benefits	\$	\$	\$	\$
Social Security Benefits, Child Support	\$	\$	\$	\$
Other income not previously listed. Indicate source:	\$	\$	\$	\$
Total Estimated Income:	\$	\$	\$	\$

Certification Statement:

All of the information on this form is true and complete to the best of my knowledge. I know I may have to provide further information if necessary. If my financial situation/circumstance changes from what I have reported here, I agree to notify the MVNU Financial Aid Office.

Student Signature

Date

Parent Signature (dependent student)

Date

Return forms to:

Student Financial Services, Mount Vernon Nazarene University

800 Martinsburg Road, Mount Vernon, OH 43050

Fax to: (740) 399-8682