

## SPECIAL CIRCUMSTANCE REQUEST 2023-24

Student Name:	ID#: Date:	
Student Name: Preferred Phone Number: Pre	eferred email address:	
*Before you can be considered for a special circumstance, the also respond to <u>each instruction (A-D) below</u> . All request occur. If you have any questions, call 419-358-3266 or e-mai <i>Each item below (A-D)</i>	ted documentation must be received, along wi	th this signed form, before a review will
Change in number of household me	elementary/secondary tuition l expenses not covered by insurance, etc. embers	Reduction or loss of income Loss of Child support One-time income
monthly income (for parent(s) and student as ap <b>C.</b> Include a cover letter.	w. In addition, when writing your letter for item (oplicable).	
<b>D.</b> Provide documentation to support request.	ituation stating the reason(s) for your request and the	
Projected Year Income Charts Using the charts below, enter the total yearly income that you paystubs for 2022) OR expect to receive from January 1, 202		
2022 or Projected 2023* Taxable Income (circle year)	Student Income	Parent(s) Income
Wages, salaries, tips, income from work	\$	\$
Severance pay	\$	\$
Interest and dividend income	\$	\$
Capital gains	\$	\$
Unemployment compensation	\$	\$
Any other income (please list)	\$	\$
Total 2022 or Projected 2023 Taxable Income	\$ (total) explain in your cover letter how you calculated/arrived at this total	\$ (total) explain in your cover letter how you calculated/arrived at this total
2022 or Projected 2023 Untaxed Income (circle year)	Student Income	Parent(s) Income
Child support received	\$	\$
Payments to tax-deferred pensions	\$	\$
Worker's compensation	\$	\$
IRA contributions	\$	\$
Any other untaxed income (please list)	\$	\$
Total 2022 or Projected 2023 Untaxed Income	\$ (total) explain in your cover letter how you calculated/arrived at this total	\$ (total) explain in your cover letter how you calculated/arrived at this total
*Note: if projecting 2023 income, <u>also</u> include a copy of the complete to the financial situation/circumstance changes from what I have re-	e best of my knowledge. I know I may have to pro	vide further information if requested. If my
Student Signature (required) Date	Parent Signature (required for depend	lent student) Date
Mail or fax this form and all required documentation (	A-E) to:  Bluffton University Financial Aid, box 48  1 University Dr.	

Bluffton OH 45817

419-358-3073 (Fax)