

Student Name: _____ ID#: _____ Date: _____
 Preferred Phone Number: _____ Preferred email address: _____

(if applicable)

*Before you can be considered for a special circumstance, the 2021-22 Free Application for Federal Student Aid (FAFSA) must be on file at Bluffton. **You must also respond to each instruction (A-D) below. All requested documentation must be received, along with this signed form, before a review will occur.** If you have any questions, call 419-358-3266 or e-mail finaid@bluffton.edu.

*Each item below (A-D) is **required** to be on file for your request to be considered.*

- A.** Indicate (with an "x") the reason(s) for your special conditions request:
- | | |
|---|--|
| <input type="checkbox"/> Dependent care expenses and/or elementary/secondary tuition | <input type="checkbox"/> Reduction or loss of income |
| <input type="checkbox"/> Unusual expenses: medical/dental expenses not covered by insurance, etc. | <input type="checkbox"/> Loss of Child support |
| <input type="checkbox"/> Change in number of household members | <input type="checkbox"/> One-time income |
| <input type="checkbox"/> Other (please specify): _____ | |
- B.** Complete the Projected Year Income Chart below. In addition, when writing your letter for item C, include your **current** weekly or monthly income (for parent(s) and student as applicable).
- C.** Include a cover letter.
The letter must be a written explanation of your situation stating the reason(s) for your request and the date(s) of the change(s).
- D.** Provide documentation to support request.
Documentation may include copies of unemployment benefits, last paystub, medical explanation of benefits form, etc.
- Other _____

Projected Year Income Charts

Using the charts below, enter the total yearly income that you and your parents made for 2020 (include a copy of your 2020 tax return if available and/or final paystubs for 2020) OR expect to receive from January 1, 2021 through December 31, 2021. If an answer is none, use "0". Please circle the year you are using.

2020 or Projected 2021* 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 2020 or Projected 2021 Taxable Income	\$ (total)	\$ (total)

2020 or Projected 2021 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 2020 or Projected 2021 Untaxed Income	\$ (total)	\$ (total)

Allow 30 days for a response.

*Note: if projecting 2021 income, **also** include a copy of your 2020 tax return (if/when available) and/or final paystubs for 2020.

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 requested. If my financial situation/circumstance changes from what I have reported here, I agree to notify the Financial Aid Office.

 Student Signature (required) Date

 Parent Signature (required for dependent 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)