



Financial Aid
May Hall, Room 111
Dickinson State University
291 Campus Drive
Dickinson, ND 58601-4896

Office Hours: 7:45 a.m. - 4:30 p.m. Monday - Friday
Phone: 1-800-279-4295 ext. 2371 or 701-483-2371
Fax: 701-483-2409
Web: www.dickinsonstate.edu
Email: dsu.financialaid@dickinsonstate.edu

2017-2018 Unusual Circumstance Form

Student Name: _____ EMPLID: _____

E-Mail Address: _____ Phone #: _____

A letter of explanation is required to accompany this form. Along with any documentation, that supports your unusual circumstance. Forms received without a letter of explanation and proper documentation will be returned to the student without being processed.

A financial aid administrator may adjust an individual family contribution if the administrator believes the family's financial circumstances is warranted. The financial aid administrator will not automatically make these adjustments; there must be valid, substantiated reasons for the adjustment. This form should be completed and returned to the Financial Aid Office if you, your spouse, or a parent has incurred an unusual expense or unusual circumstance.

Additional documentation or information may be requested. Examples include (depending on your situation): tax returns, written statements listing types and amounts of income or resources, a copy of a letter of termination, copies of medical bills or private tuition payments, statements from counselors, clergy or social workers, statements from accountants or bankers, marriage certificates or divorce decrees. Documentation is necessary in a student's file to support the administrator's decision and provide a history of the circumstance for an audit or program review.

Who incurred the unusual expense or circumstance: Student Spouse Father Mother

DOCUMENTATION

Supporting documentation that verifies your unusual expense or circumstance must be attached (see second page for examples). Forms submitted with incomplete documentation will not be processed.

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| <input type="checkbox"/> Death of a family member, death must have occurred AFTER January 1, 2016
<input type="checkbox"/> Childcare or unusually high dependent expenses
<input type="checkbox"/> Elementary/Secondary School Tuition Expense
<input type="checkbox"/> Liquidation or foreclosure of assets
<input type="checkbox"/> Loss or reduction of benefits (i.e child support)
<input type="checkbox"/> Medical Expenses | <input type="checkbox"/> Purchase of a personal computer, AFTER July 1, up to \$2,500, one time only
<input type="checkbox"/> Reduction of Income
<input type="checkbox"/> Separation or Divorce
<input type="checkbox"/> Unemployment of an Independent Student
<input type="checkbox"/> Other _____ |
|--|---|

All the information provided by the undersigned is true and complete to the best of my/our knowledge. I/We further understand that purposely giving false or misleading information to obtain student financial aid may subject me/us to fines and other penalties.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Please submit this worksheet and supporting documentation by email, fax, or mail to one of the addresses above.

Required Documentation

Unusual Circumstance	Documentation
Death of a Family Member	1. Letter listing: <ul style="list-style-type: none"> a. Relationship of deceased to the student 2. Copy of obituary 3. Copy of 2015 federal tax return and W2's
Childcare Expense	Attach Financial Aid for Childcare Request form (available on our web site http://www.dickinsonstate.edu > Current Students > Financial Aid > Apps & Forms > Miscellaneous Forms)
Elementary/Secondary School Tuition	Letter listing: <ul style="list-style-type: none"> a. Person for whom tuition is being paid b. Copy of tuition contract
Liquidation or Foreclosure	1. Letter listing: <ul style="list-style-type: none"> a. Type of asset liquidated b. Gross sales proceeds c. List of where proceeds were applied 2. Copy of foreclosure notice 3. Copy of 2015 federal tax return
Loss or reduction of Benefits	1. Letter listing: <ul style="list-style-type: none"> a. Whose benefit(s) was terminated b. Amount of benefit(s) received for last two years c. Reason for termination 2. Copy of document from provider stating termination 3. Copy of 2015 Federal tax return and W2's
Medical Expenses for 2016	1. Letter listing: <ul style="list-style-type: none"> a. Who incurred the expense(s) 2. Copy of medical bills not covered by insurance 3. Will you itemize your deductions? (NOTE. We recommend that you wait until after January 1, 2017 to submit this form)
Computer Purchase	Copy of receipt for purchase of a computer (purchased between July 2016 and May 2017), up to \$2500; allowed one time only
Reduction of Income	1. Letter listing <ul style="list-style-type: none"> a. Who's income was reduced and why. 2. Last three months of pay stubs for the individual whose income has been reduced.
Separation or Divorce	1. Letter listing: <ul style="list-style-type: none"> a. Revised household members 2. Copy of divorce decree or proof of separation 3. Copy of 2015 federal tax return and W2's
Unemployment of an independent student	1. Letter listing <ul style="list-style-type: none"> a. Who lost employment b. Reason for loss of employment c. Income earned and untaxed income (Worker's Compensation, unemployment benefits, disability benefits, etc) to date of termination (per family member) d. Projected income and untaxed income to the end of 2016 2. Copy of last pay stub from employer 3. Copy of 2015 federal tax return and W2's