

NAME:____

2023-2024 Special Circumstances Request

STUDENT ID: _____

Office of Student Financial Aid Fanning Hall- Summerville Campus 1120 15th Street, Augusta, GA 30912

Phone: 706-737-1524 Fax: 706-737-1777

osfa@augusta.edu www.augusta.edu/finaid

| DATE: | |
|--|--|
| | ituation has changed significantly since you filed your FAFSA for essary for you to provide income information for both you and |
| additional letter from the parent providing clarification | explaining the situation must be attached to this request. Armay also be provided. Preferred documentation examples are complete the verification process prior to this request being |
| | N-2's is required in addition to other documentation (i.e. ncome loss. If 2023's income is greatly reduced, a copy of the |
| Special Circumstances | Preferred Documentation (s) |
| Loss of Employment or Income Reduction Student Spouse Parent (s) | ✓ Person's last paycheck stub showing year-to-date earnings ✓ Proof of unemployment or lay-off ✓ Proof of change in jobs ✓ Employment Security Statement ✓ Proof of Severance or pension income, if any. ✓ Proof of retirement ✓ Loss of Child Support ✓ Loss of Disability Support |
| Death/Separation/Divorce Student Spouse Parent (s) | ✓ Death certificate or obituary notice ✓ Final divorce decree ✓ Signed attorney statement with date of separation ✓ Copy of legal separation document |
| □ Other | ✓ Copies of insurance Explanations of Benefits (EOB) For out-of-pocket Medical Expenses ✓ Proof of out-of-pocket payment for other extenuating circumstances |
| person (Fanning Hall). Please include the students of the students of the students will be notified to the students will be not the student | 706-737-1777), email (osfa@augusta.edu), or in udent's name and student ID # on all documents. ete to the best of my knowledge. I understand that additional ied via Augusta University Email of the results of this request. |
| Signature: | Date: |