SPECIAL CONSIDERATION (other than Dependency Override) STUDENT REQUEST FORM

For Academic Year 2021-2022

Name:	
Student ID#:	
accurately reflected on your financial aid applica	economic condition of your household that is not ation. You understand that you must thoroughly submit all supporting documentation requested by
a study abroad program or taking an unusually he these situations, you may qualify for an increase in	ffect your eligibility for aid includes participation in eavy credit load at DU. If you encounter either of n your student budget (Cost of Attendance) based mplete a special consideration form. We will <i>not</i> an Davenport-related expenses.
Student's Hand-Signature	Date
Student Email Address	Phone Number
Please explain your special circumstance Davenport University re-evaluate your fina	

SPECIAL CONSIDERATION FOR UNEMPLOYMENT STATUS

Academic Year 2021-2022

Student Name:Student Email:			Student ID: Phone #:			
		a dependent student) is unemping documentation: The docum		l a significant drop in income, please d within the last 90 Days		
A copy of an undA copy of the lay	employment bene yoff or termination	ved from the state unemployments notice or statement; or on notice; or ing direct deposit of unemploy				
In addition to the proof of	f unemployment,	you are also required to subn	nit your last paystub for a	ll places of employment in 2020.		
Check the box for the ind	ividual that is cur	rently unemployed:				
Student		W	as laid off or terminated of	on		
Spouse (If applicable)		Name of Unemployed	Date			
(Dependent Stud	lents Only)					
Parent (One					
Patent 7	Γwo					
_		Projected Income	for 2021			
			Dependent Stude	Dependent Students Only		
	Studen	st Spouse	Parent One	Parent Two		
2021 Wages from work	\$	\$	\$	\$		
Payment to tax deferred retirement account	\$	\$	\$	\$		
Worker's Comp	\$	\$	\$	\$		
Severance Pay	\$	\$	\$	\$		
Alimony	\$	\$	\$	\$		
Child Support Received	\$	\$	\$	\$		
Child Support Paid	\$	\$	\$	\$		
Rental Income	\$	\$	\$	\$		
Business Income	\$	\$	\$	\$		
Other Taxable Income	\$	\$	\$	\$		
Money Paid on Your behalf	\$	\$	\$	\$		
Disability Pay	\$	\$	\$	\$		
Student's Hand-Sign:	ature		Today	's Date		
Spouse or Parent Har		f Dependent)	Today	's Date		

Office Use Only—FA-SCF

SPECIAL CONSIDERATION STATEMENT OF CURRENT CONDITION

Academic Year 2021-2022

You have indicated that either you, your spouse, and/or a parent is currently unemployed. Please answer the questions below: Yes No My layoff is temporary and my employer plans on bringing me back to work: If you answered yes, you MUST provide an approximate date of your return to work: Date My layoff is permanent and my employer will not be bringing me back to work: Please use the space below to explain any pertinent information regarding your current financial condition that you feel we need to know. Be sure to include information regarding reduction in hours, pay and/or salary (if applicable).