## SPECIAL CIRCUMSTANCE UNEMPLOYMENT STUDENT REQUEST FORM

For Academic Year 2023-2024

Name:	
Student ID#:	
accurately reflected on your financial aid app	ent economic condition of your household that is not plication. You understand that you must thoroughly will submit all supporting documentation requested by
a study abroad program or taking an unusuall these situations, you may qualify for an increase	by affect your eligibility for aid includes participation in ly heavy credit load at DU. If you encounter either of se in your student budget (Cost of Attendance) based a complete a special consideration form. We will not be than Davenport-related expenses.
Student's Hand-Signature	Date
Student Email Address	Phone Number
Student Email Address Please explain your special circumstan Davenport University re-evaluate your	nce to have the Financial Aid Office at
Please explain your special circumstar	nce to have the Financial Aid Office at
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## SPECIAL CIRCUMSTANCE FOR UNEMPLOYMENT STATUS

Academic Year 2023-2024

Student Name:Student Email:			Student ID: Phone #:			
		a dependent student) is unemping documentation: The docum		d a significant drop in income, please d within the last 90 Days		
<ul> <li>A copy of an u</li> <li>A copy of the</li> <li>A copy of a ba</li> </ul> In addition to the proof Check the box for the in	nnemployment bene layoff or termination and statement showing of unemployment, andividual that is cur	ing direct deposit of unemploy you are also <b>required</b> to subn rently unemployed:	vment benefits nit your last paystub for a	all places of employment in 2021.		
Stude		was laid off or terminated on				
	se (If applicable)	Name of Unemployed		Date		
(Dependent St	•					
<u>—</u>	t One					
Pater	t Two	Projected Income	for 2023			
		<u>rrojecteu income</u>		Dependent Students Only		
	Studen	t Spouse	Parent One	Parent Two		
2032 Wages from work	\$	\$	\$	\$		
Payment to tax deferred retirement account	l \$	\$	\$	\$		
Worker's Comp	\$	\$	\$	\$		
Severance Pay	\$	\$	\$	\$		
Alimony	\$	\$	\$	\$		
Child Support Received	1 \$	\$	\$	\$		
Child Support Paid	\$	\$	\$	\$		
Rental Income	\$	\$	\$	\$		
Business Income	\$	\$	\$	\$		
Other Taxable Income	\$	\$	\$	\$		
Money Paid on Your behalf	\$	\$	\$	\$		
Disability Pay	\$	\$	\$	\$		
Student's Hand-Sig	nature		Today	r's Date		
Spouse or Parent H	and-Signature (i	f Dependent)	Today	r's Date		

Office Use Only—FA-SCF

## SPECIAL CIRCUMSTANCE STATEMENT OF CURRENT CONDITION

Academic Year 2023-2024

You have indicated that either you, your spouse, and/or a parent is currently uner questions below:	nployed.	. Please answer the
	Yes	No
My layoff is temporary and my employer plans on bringing me back to work:		
If you answered yes, you <b>MUST</b> 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 c you feel we need to know. Be sure to include information regarding reduction in applicable).		