



Use this form to communicate **Special Circumstances**, such as a significant decrease in income or a life event that has altered your income since completing the FAFSA.

If you believe you have **Unusual Circumstances** – such as human trafficking, refugee or asylee status, parental abuse or abandonment – that may lead to changing a student’s dependency status, more commonly referred to as dependency override, or an Independent Status Request due to Homelessness, please contact the financial aid office for guidance on next steps.

Requests are reviewed on a case-by-case basis by the financial aid director after a Professional Judgement Request form is completed and submitted with all required statements and supporting documentation; students are notified via email of a decision within 30 days.

Section A: Student Information

_____ Student’s Last Name	_____ Student’s First Name	_____ Student’s M.I.	_____ Student’s Colby-Sawyer ID
_____ Student’s Mailing Address (include apt. number, if applicable)			_____ Student’s Date of Birth
_____ City	_____ State	_____ Zip Code	_____ Student’s Home Phone Number
_____ Student’s Email Address			_____ Student’s Cell/Alternate Phone Number

Section B: Provide a written statement

Please provide a required written statement regarding your Special Circumstances. You may attach a separate page if you need additional space.

Section C: What Best describes your Special Circumstances?

Reduction in income or Loss of Employment

Reduction in Income

- Provide employer letter verifying reduction in salary
- Provide most recent pay stubs

Loss of Employment

- Provide letter verifying of separation from employer
- Provide Severance Benefit Statement and/or Unemployment Benefit Statement
- Provide the last pay stub from employer

Separation or Divorce

- Provide legal documentation of separation or divorce
- Provide documentation of current address of BOTH parents
- Provide most recent W2's and/or 1099's for BOTH parents

➤ *If the student was married, provide the documentation above as it pertains to the student and former spouse.*

Parent or spouse included on the FAFSA has passed away

- Please contact the financial aid office for guidance on next steps

Unreimbursed medical expenses

- Provide copies of paid out-of-pocket bills for unusually high medical expenses

Section D: Federal Tax Verification

US Department of Education verification must be completed before adjustments may be made

- Dependent Students: <http://colby-sawyer.edu/assets/admissions/dependent-verification.pdf>
- Independent Students: <http://colby-sawyer.edu/assets/admissions/independent-verification.pdf>

-OR-

I have already completed tax verification

Section E: Certification and Signatures

Your signature on this form indicates that the information provided is true and complete to the best of your knowledge. You also understand that purposely providing false or misleading information may result in a fine, jail or both.

Student Signature (*Required*)

Date

Please upload or mail this worksheet and any related documents to the Financial Aid Office.

Upload:

<https://www.dropbox.com/request/Z6aiO6ER2AZ63jP0RmVi>

Mail:

Colby-Sawyer College
Financial Aid Office
541 Main Street
New London, NH 03257

Contact Us:

Phone: 603-526-3717 / 800-272-1015

Email: financialaid@colby-sawyer.edu

Please do not submit this form via email

We recommend that you make a copy of this worksheet for your records.