Submission of Requested Documents

Due to recent guidance issued by the Federal Student Aid division of the Department of Education, we can no longer accept documentation with any Personally Identifiable Information (PII) via an unsecured email or fax. PII is any data that could potentially identify a specific individual or any information used to distinguish one person from another. This includes names, school IDs, SSNs, Dates of Birth, etc.

Therefore, we must ask that you submit documents that have been requested in one of the following ways:

**By Mail:**
Office of Financial Aid
Wofford College
429 N. Church Street
Spartanburg, SC 29303

**In Person:**
Bring your forms by our office. We are upstairs from the Office of Admission in the Hugh S Black Administration Building.

Please contact our office should you have questions or concerns.

Thank you for understanding.
## 2019-2020 SPECIAL CONDITION WORKSHEET

### Step 1: Student Information

<table>
<thead>
<tr>
<th>Student Full Name</th>
<th>Wofford ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>(PLEASE PRINT)</td>
<td>W</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Social Security Number</th>
<th>Student Date of Birth</th>
<th>Student Cell Phone No., if available</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Step 2: Household Information

<table>
<thead>
<tr>
<th>Full Name of Family Member</th>
<th>Relationship to student</th>
<th>Age</th>
<th>Name of College Attending in 2019-2020</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Self</td>
<td></td>
<td>Wofford College</td>
</tr>
</tbody>
</table>

The chart above should include the following:

- Yourself (the student)
- Your parent(s)/stepparent(s) (do not include non-custodial parent)
- Your parents’ other children if:
  - the parents/stepparents will provide more than half of their support from July 1, 2018 through June 30, 2019, or
  - the children would be required to provide parental information when applying for federal student aid
- Other people if they now live with your parents/stepparents, and more than half their support is provided and will continue to be provided from July 1, 2018 through June 30, 2019 by your parents/stepparents.
- List the name of the college for any household member who will be attending at least halftime between July 1, 2018 and June 30, 2019 in a degree, diploma, or certificate program.
Please read carefully for instructions:

If your family situation has changed significantly since completing the 2019-2020 Free Application for Federal Student Aid Form (FAFSA), you may request these changes be taken into consideration by providing additional information. Information from this form, the student file, and supporting documentation will be used to determine if eligibility for financial aid can be recalculated using this new information. Submitting this form does not guarantee additional aid. Wofford College complies with the guidelines of the U.S. Department of Education when determining eligibility. If you have any questions, please feel free to contact our office.

The 2019-2020 FAFSA uses financial tax forms from the 2017 tax year to assess a family’s ability to pay. However, your family situation may have changed or will change in 2017, 2018, or 2019.

For which year did this special condition apply?

___ 2017  ___ 2018  ___ 2019  ___ 2020

Please submit all documentation for each year selected

REQUIRED DOCUMENTATION FOR ALL APPLICABLE CIRCUMSTANCES:
1. A written statement explaining the special condition.

2. For tax year 2017, use the Data Retrieval Tool on the FAFSA. (Instructions found at www.wofford.edu/financialaid)

3. For tax years 2018, 2019, or 2020, submit the 1st two pages of your tax return (signed) for the year, if you have filed. If you have not yet filed, submit a written statement of your projected Adjusted Gross Income (AGI), taxes paid and filing date. Pending your filing date, the Financial Aid Administrator may suggest waiting until filing is complete.

__________________________________________________________________________

Often times, questions may arise when reviewing information. If you would like for us to contact your parent for follow-up questions, please provide us with the parent name and best email address. Communication must be done in writing as to keep documentation for the decision made.

________________________________________  __________________________________
Parent Name                                                      Parent’s Email Address

Please note: This process may take at least two weeks once ALL documentation is received.
**Step 3: Reason for Special Condition**

**Instructions:** Complete the appropriate condition(s) under which you are requesting a re-evaluation of financial aid eligibility for the 2019-2020 academic year. Attach all requested documents listed above and listed under each section. Only one written statement explaining the special condition(s) is required if you complete more than one section.

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**A. Loss of employment or reduction of income in my household** – It is Wofford’s policy that the parent be without a job for at least three months before a review will be completed. This allows time for any severance, unemployment benefits, or new employment to take place to know the exact affect it may have on a family.

For families who experience volatile income from year to year, based on commission sales or other economic conditions, a three year average is calculated and the first two pages of your last three years of tax returns is required.

Who experienced the loss or reduction in income?

_____ Father/Stepfather  _____ Mother/Stepmother  _____Student/Spouse

Effective Date: __________________

Reason for loss or reduction:

_____ Job Change  _____ Reduced Overtime  _____ Retirement  _____ Termination by employer

_____ Other: ____________________________________________________________

Projected household income for the year:

- Attach a copy of the termination letter or letter from former employer (on business letterhead) indicating when separation or change of hours occurred and any severance pay that is due to you.
- Attach a copy of any unemployment benefits that will be received.
- Attach a copy of last pay stub.

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**B. Loss of untaxed income (i.e. child support, social security benefits, housing allowance, etc.)**

Who was receiving this benefit?  _____ Father/Stepfather  _____ Mother/Stepmother  _____ Student/Spouse

Name of income that was loss: __________________________ Date of change: ________________

Projected household income for the year:

- Attach documentation of loss in untaxed income.
C. **Parent/Spouse separation, divorce, or death** - It is Wofford’s policy that the parents be **separated** for at least **six months** before a review will be completed. This allows time for any separation agreements or separation of income and responsibilities to take place to know the exact affect it may have on a family. The separation must be with intent to divorce. Separation without intent to divorce will not be taken into consideration.

*For parent’s separation or divorce:*

Date of separation or divorce: ___________ With which parent do you live? ___ Father ___ Mother

- Attach a copy of separation agreement, formal or informal.
- Attach a copy of the divorce decree or evidence of filed divorce proceedings per attorney or court.

*For student’s separation or divorce:*

Date of separation or divorce: ______________

- Attach a copy of separation agreement, formal or informal.
- Attach a copy of the divorce decree or evidence of filed divorce proceedings per attorney or court.

*For death of a parent/spouse:*

Date of death: ______________ (month/year) Surviving parent: _____ Father _____ Mother

- Attach a copy of the death certificate.

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D. **Unusually high medical expenses** – The FAFSA already considers an 11% income protection allowance on the parent(s) Adjusted Gross Income (AGI). To make any significant difference on the FAFSA, the medical expenses must significantly exceed 11% of the AGI or the parent/student must have filed a Schedule A. Please note: insurance statements will not be considered; only receipts or bank/credit card statements showing the amount paid out-of-pocket.

What is the total amount of expenses paid out-of-pocket in the year selected that was NOT covered or reimbursed by insurance:

$ __________________

- Attach proof of out-of-pocket expenses (i.e. receipts, copies of checks, doctor’s records, etc.)
- Attach copy of Schedule A from tax return

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E. **One-time income (i.e. rollover of IRA to Roth IRA)** – It is Wofford’s policy that this is truly a one-time income occurrence. Unguaranteed bonuses or similar income increases will not be considered until the date of receipt has past and if significantly less than previous years, (see Section A). Also, retirement that is withdrawn each year to pay for college or living expenses will not be considered.

Who received the one-time income? ___ Father/Stepfather ___Mother/Stepmother ___Student/Spouse

Source of one-time income: __________________________

- Attach statement or proof of one-time income
F. **Elementary or secondary school tuition for siblings** – The Department of Education considers private education in elementary or secondary school to be a family choice that is not considered for special conditions. It is Wofford’s policy that only those families with NO choice be considered for private education tuition evaluation (i.e. sibling is expelled and cannot return to public school, severe disability not covered in public school) AND the requirement provides a hardship on the family.

In a written statement, please provide which sibling(s) attend a private elementary or secondary school along with the reason for attendance.

Public school for which student(s) is zoned to attend: __________________________________________

What is the total annual out-of-pocket tuition amount? $_____________________

- Attach letter from school stating amount of tuition

G. **Other unusual or unexpected expenses** - Unusual or unexpected expenses are such that apply explicitly to the student and not conditions that exist for a whole class of students. These expenses do NOT include recurring costs such as vacations, tithing, and standard living expenses (related to utilities, credit card debt, children’s allowances, etc.).

Total Amount of unusual or unexpected expenses? $________________________

- Attach documentation and proof of expenses

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**Step 4: Certification**

By signing this request for consideration of special circumstances, I (we) certify that all information reported on this form is true and correct to the best of my (our) knowledge.

__________________________________________  __________________________
Student’s Signature  Date

__________________________________________  __________________________
Parent’s Signature  Date

*Electronic signatures are not acceptable.*