



Curry College  
 Student Financial Services  
 1071 Blue Hill Avenue  
 Milton, MA 02186

**2021 - 2022 Student Special Circumstances Form**

Student's Name \_\_\_\_\_ Curry ID# \_\_\_\_\_

Please provide a brief explanation of your circumstances below or attach a signed letter of explanation. If an appeal is filed, the reason must be thoroughly documented. Incomplete or undocumented appeals will not be reviewed until all **required documentation** has been received. Please note, once Curry College receives an appeal, we may request additional information to help us better understand your situation.

Please check the appropriate box(es), complete both sides of this form and submit it with the documentation listed below. **Signed copies of 2019 and 2020 (if filed) federal tax returns**, including all schedules must accompany this form.

<input type="checkbox"/>	<p>You or your spouse has been unemployed or unable to work for at least 10 weeks in 2020</p> <ul style="list-style-type: none"> <li>• Submit the following documentation for this circumstance:           <ul style="list-style-type: none"> <li>◆ A letter from your employer or a copy of the termination which confirms:               <ul style="list-style-type: none"> <li>○ Last date of employment</li> <li>○ Average number of hours worked per week</li> <li>○ Number of weeks worked in 2019; and</li> </ul> </li> <li>◆ Last paystub of the year showing year to date earnings</li> <li>◆ Statement of Unemployment Benefits</li> <li>◆ Copies of your 2020 federal tax return with schedules, if filed</li> </ul> </li> </ul>
<input type="checkbox"/>	<p>There has been a decrease in your income since 2020</p> <ul style="list-style-type: none"> <li>• Submit this documentation for this circumstance:           <ul style="list-style-type: none"> <li>◆ Copies of last pay stub at original rate and first paystub at current rate</li> <li>◆ Copies of your 2021 federal tax return with schedules, if filed</li> </ul> </li> </ul>
<input type="checkbox"/>	<p>You had taxable social security benefits, but no longer receive these benefits</p> <ul style="list-style-type: none"> <li>• Submit this documentation for this circumstance:           <ul style="list-style-type: none"> <li>◆ Copy of Notice of Termination of Benefits</li> <li>◆ Signed copy of your 2019 federal tax return with schedules</li> </ul> </li> </ul>
<input type="checkbox"/>	<p>You had significant medical expenses that were not covered by insurance.</p> <ul style="list-style-type: none"> <li>• Submit this documentation for high out of pocket medical expenses:           <ul style="list-style-type: none"> <li>◆ Signed copy of your 2019 federal income tax return including Schedule A. If no Schedule A, please submit a listing of payments not covered by insurance and include copies of receipts and insurance statements showing patient responsibility for payment</li> </ul> </li> </ul>
<input type="checkbox"/>	<p>You received a one-time income in 2019 and do not expect this income in 2020. This may include a pension or IRA distribution, inheritance, or bonus.</p> <ul style="list-style-type: none"> <li>• Submit this documentation:           <ul style="list-style-type: none"> <li>◆ Documentation supporting one time income and explanation of why this income is not available for educational purposes</li> </ul> </li> </ul>
<input type="checkbox"/>	<p>You have been separated or divorced after filing the FAFSA.</p> <ul style="list-style-type: none"> <li>• Submit this documentation:           <ul style="list-style-type: none"> <li>◆ A copy of the divorce or separation agreement and proof of separate living arrangements such as a lease or utility bills</li> </ul> </li> </ul>
<input type="checkbox"/>	<p>A spouse has died after the FAFSA was filed and there is a loss of income.</p> <ul style="list-style-type: none"> <li>• Submit this documentation:           <ul style="list-style-type: none"> <li>◆ A copy of the death certification and completion of expected income for 2020 on page 2 of this form and a complete copy of your 2020 federal tax return if available</li> </ul> </li> </ul>

**Student Name:** \_\_\_\_\_ **Curry ID** \_\_\_\_\_

**Spouse Name (if applicable)** \_\_\_\_\_

**Who (self or spouse) lost income or benefits?**

<b>TAXABLE INCOME</b> from January 1 <sup>st</sup> to December 31 <sup>st</sup>	<b>ACTUAL</b> 2019	<b>ACTUAL/ESTIMATED</b> 2020
Student Wages (gross amount)	\$	\$
Spouse Wages (gross amount)		
Interest/Dividend Income		
Alimony received		
Net Income/Loss of Business (reported on Schedule C of 1040)		
Capital Gains/Loss (reported on Schedule D of 1040)		
Taxable Portions of IRA distributions or Pension/Annuity Withdrawals (line 4b of 1040)		
Unemployment Compensation (line 7 of Schedule 1)		
Taxable Portions of Social Security (line 5b of 1040)		
Severance Pay		
<b>TOTAL TAXABLE INCOME FOR TAX YEAR</b>		
<b>UNTAXED INCOME</b> from January 1 <sup>st</sup> to December 31 <sup>st</sup>		
Child Support Received		
Short Term/Long Term Disability		
Untaxed portion of IRA and Pension Distributions (line 4c minus 4d of 1040 Do Not Include Rollovers)		
Contributions to tax deferred pensions/savings plan withheld from earnings		
Workers Compensation		
Housing, food, or other living allowances paid the members of the military, clergy, and others		
Welfare Benefits (i.e. AFDC, TANF, SNAP)		
<b>TOTAL UNTAXED INCOME FOR TAX YEAR</b>	\$	\$

**CERTIFICATION:**

The information provided on this form is accurate and complete to the best of our knowledge. I/We have provided 2019 federal tax data, and all requested documents. I/We understand that completing this form does not guarantee financial aid will be increased. I/We also understand that if financial aid is revised based on this appeal information 2020 income as reported will be verified in 2021 and financial aid may be revised and may have to be repaid if our estimates were inaccurate. I/We agree to notify Student Financial Services if our income changes.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_