Special circumstances can exist that warrant a reconsideration of your financial aid eligibility. This can include but is not limited to: income and/or marital status changes.

This worksheet should only be submitted AFTER the 2019-2020 Free Application for Federal Student Aid (FAFSA) has been reviewed and you have received your initial award notification. Your financial aid file must be complete to be considered for an adjustment. If you are selected for verification, we must also verify your FAFSA before processing this request.

Each request is evaluated on a case by case basis and can take 3-5 weeks for processing. Submitted requests are not guaranteed to be approved; professional judgements do not always result in additional aid eligibility. This form must be submitted by March 30, 2020 for the 2019-2020 academic year. DO NOT submit this worksheet if your Expected Family Contribution (EFC) is 0.

Please check the category that applies to your appeal:

☐ Death of Spouse, Parent, or Legal Guardian
☐ Income Reduction Due to Employment Changes
☐ Income Reduction Due to Marital Status
☐ Income Reduction Due to Extenuating Circumstance (not previously listed)

PLEASE NOTE: Current or future Financial Aid funds can be adjusted if the documentation does not support the claim(s). Any changes made to your FAFSA after this application has been processed will result in a hold being placed on your account.
INCOME REDUCTION DUE TO EMPLOYMENT CHANGES

1. Individual whose income has been reduced:
   ☐ Parent 1 ☐ Parent 2 ☐ Student ☐ Spouse

2. Date of Termination: ______________________________

   Reduction or loss of income from work must have occurred at least 10 weeks prior to the submission of this request.

3. Reason for Income Reduction:
   ☐ Retirement
   ☐ Change of Employment Status or hours
   ☐ Disability
   ☐ Roll Over Pensions
   ☐ Death of Spouse, Parent, or Legal Guardian
   ☐ Other _______________________________

4. If you, your spouse, or your parent(s) have started another job, please list the start date: ______________________________

5. Will the individual receive Unemployment Benefits? ☐ Yes ☐ No

6. If YES, please provide the start date of the Unemployment Compensation: ______________________________

Please submit the following documentation (all may not apply):

   ☐ 2017 and 2018 IRS tax return transcript(s) and Amended tax information (if applicable)
   ☐ 2017 and 2018 W-2s or Wage and Income Transcripts
   ☐ 2017 and 2018 Verification of Non-Filing Letter
   ☐ Copy of most recent pay statements (must show the Year-to-Date earnings)
   ☐ Death Certificate
   ☐ Final Paycheck
   ☐ Separation Notice from your previous employer
   ☐ Unemployment Award Letter

Income reduction must be more than $10,000 to be considered for review.
MARITAL STATUS CHANGES

1. Individual(s) whose marital status has changed:
   - ☐ Parents
   - ☐ Student/Spouse

2. Date of Separation (mm/yy): ________________________________

3. Date of Divorce (mm/yy): ________________________________

4. Date of Death (mm/yy): ________________________________

Please submit the following documentation (all may not apply):
- 2017 and 2018 IRS tax return transcript(s) and Amended tax information (if applicable)
- 2017 and 2018 IRS W-2s or Wage and Income Transcripts
- Divorce Decree
- Death Certificate or Obituary
- Separation Agreement
- Proof of Child Support Received or Paid
- Proof of Alimony Received or Paid
- Lease/Mortgage/Utility Bills with two separate addresses
- Letter from a professional (non-relative) with whom you are acquainted, that details the marital status change. The statement must include the starting date, living arrangements, and length of the change in marital status.
A. Student’s Household Information

**IF DEPENDENT, INCLUDE:**
- Yourself
- Your parent(s), step-parents, or unmarried legal parents who live together (**even if you don’t live with them**)
- Your parents’ children or dependents, if they will provide more than 50% of their support from July 1, 2019- June 30, 2020 (**they must be required to provide parental information on the FAFSA**)

**IF DEPENDENT, THE NUMBER IN COLLEGE CAN INCLUDE:**
- Yourself
- Your parent’s other children, if they would be required to provide parent information on the FAFSA

**IF INDEPENDENT, INCLUDE:**
- Yourself
- Your spouse (if married)
- Your children or dependents, if they provide more than 50% of their support from July 1, 2019- June 30, 2020 (**they must be required to provide parental information on the FAFSA**)

**IF INDEPENDENT, THE NUMBER IN COLLEGE CAN INCLUDE:**
- Yourself
- Your spouse
- Your children, if they would be required to provide your information on the FAFSA

*If more space is need, attach a separate page with the student’s name and Student ID Number at the top.*

<table>
<thead>
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<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
<th>College</th>
<th>Will be Enrolled at Least Half Time (Yes or No)</th>
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<td>GPTC</td>
<td>YES</td>
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PJ
B. Certification and Signature

Each person signing below certifies that all of the information reported is completed correct.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

____________________________________________________  _________________
Print Student’s Name                         Student’s ID Number

____________________________________________________  _________________
Student’s Signature (Required)                        Date

____________________________________________________  _________________
Spouse’s Signature (Optional)/Parent’s Signature (Required)                        Date