

Special Circumstance Form 2020-21

Thank you for your request for the 2020–21 academic year. By completing this form you are indicating that there has been a substantial change in your family's financial situation and you would like the Office of Financial Aid to take this updated information into consideration when reviewing your eligibility for financial aid. Please email, fax or mail completed form to the Office of Financial Aid.

Student Name		Student ID#	
Address		Date of Birth	
City, State, Zip		Phone Number	
Email			
	en statement detailing the reason for your special ci check the box that BEST describes the change in your situation.	rcumstance	
	 Lay Off—Provide ALL of the following: Letter from employer indicating effective date and any severance benefits Statement from Unemployment Office outlining benefits Final pay stub from laid off position Most recent pay stubs of all other current positions 		
	 Wage Reduction—Provide ALL of the following: Letter from employer indicating effective date with prior and current hours per week Most recent pay stub 		
	 Retirement — Provide ALL of the following: Letter from employer documenting retirement date and benefits received Final pay stub for retiree Most recent pay stub for student/spouse/parent 		
	 Separation or Divorce — Provide ALL of the following: Copy of Legal documentation indicating effective date of separation or divorce decree Documentation of current addresses for BOTH parties 		
	 Spouse or Parent recently deceased—Provide ALL of the fo Death certificate or obituary from newspaper Statement of ALL benefits received as a result of death 	llowing:	
	 Medical Expenses incurred in 2018 (NOT covered by insurar Receipts showing charges paid in 2018 Copy of Schedule A from your 2018 federal tax return 	nce)—Provide ALL of the following:	
Student Signature		Date	
Spouse Signature		Date	
Parent Signature		Date	

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