ENDICOTT COLLEGE

Special Circumstance Form 2023–24

Thank you for your request for the 2023–24 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.

Student Name Student ID # Date of Birth

Address City State Zip Code

Email Phone #

Please briefly describe the reason for the change in your circumstances:

Please check the box that **BEST** describes the change in your situation.

☐ **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 following:*
Death certificate or obituary from newspaper
Statement of ALL benefits received as a result of death

☐ **Medical expenses incurred in** 2020 (***NOT** covered by insurance)—Provide **ALL** of the following:*
Receipts showing charges paid in 2021
Copy of Schedule A from your 2021 federal tax return

Student Signature Date

Parent Signature (if applicable) Date