

Special Circumstance Form 2020-2021

Endicott College

Thank you for your request for the 2020-2021 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 and supporting documents to the Financial Aid Office.

Student Name _____	Student ID# _____
Address _____	Date of Birth _____
City, State, Zip _____	Phone Number _____
Email _____	

STEP 1: Written statement detailing the reason for your special circumstance - 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 for parent
 - Most recent pay stubs of all other current positions for both parents

- ☐ **Wage Reduction** - Provide ALL of the following:
 - Letter from employer indicating effective date with prior and current hours per week
 - Most recent pay stub for parent(s)

- ☐ **Parent Retirement** - Provide ALL of the following:
 - Letter from employer documenting retirement date and benefits received
 - Final pay stub for retired parent
 - Most recent pay stub for parent still working

- ☐ **Parental 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 parents

- ☐ **Parent recently deceased** Provide the following:
 - Death certificate or obituary from newspaper

*Please note that additional documents may be requested

- ☐ **Medical Expenses incurred in 2018 NOT covered by insurance** Provide ALL of the following:
 - Receipts showing charges paid in 2018
 - Copy of Schedule A from your 2018 federal tax return

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Endicott College Financial Aid Office
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Beverly, MA 01915

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