

MOUNT VERNON

NAZARENE UNIVERSITY

Date: _____ Student ID: _____ Preferred Contact Phone Number: _____

Student Name: _____ E-mail: _____

Before you can be considered for a special circumstance, the *Free Application for Federal Student Aid (FAFSA)* must be on file with MVNU. All requested documentation must be received, along with this form, before a review will occur. If you have any question, call (740) 397-9000, ext. 4520 or e-mail finaid@mvnu.edu.

- A. Indicate (with an "x") the reason for your special conditions request:
 - Reduction or loss of income
 - Unusual expenses: medical and dental expenses not covered by insurance, etc.
 - Change in household size
 - Other (please specify): _____
- B. Complete the Projected Year Income Chart below.
- C. Attach a Special Circumstance Letter.
The letter should be a written explanation of your situation stating the reason for your request.
- D. Provide documentation to support request.
Documentation may include copies of unemployment benefits, last paystub, medical explanation of benefits form, etc.
- E. Complete the appropriate verification worksheet available at <https://mvnu.edu/undergraduate/financialaid/forms>.
(already on file)
- F. Enclose copies of both student and parent Federal income tax returns and W-2s. (already on file)

Current Year Projected Income Chart:

| <i>Source of Income</i> | January 1 – December 31 (projected, current year) | | | |
|---|--|---------------|----------------|---------------|
| | <i>Father</i> | <i>Mother</i> | <i>Student</i> | <i>Spouse</i> |
| Wages, salaries, tips | \$ | \$ | \$ | \$ |
| Unemployment or Workman's Compensation, or Disability Benefits | \$ | \$ | \$ | \$ |
| Social Security Benefits, Child Support | \$ | \$ | \$ | \$ |
| Other income not previously listed. Indicate source: _____ | \$ | \$ | \$ | \$ |
| Total Estimated Income: | \$ | \$ | \$ | \$ |

Certification Statement:

All of the information on this form is true and complete to the best of my knowledge. I know I may have to provide further information if necessary. If my financial situation/circumstance changes from what I have reported here, I agree to notify the MVNU Financial Aid Office.

Student Signature

Date

Parent Signature (dependent student)

Date

Return forms to:

Student Financial Services, Mount Vernon Nazarene University
800 Martinsburg Road, Mount Vernon, OH 43050
Fax to: (740) 399-8682