



OFFICE OF FINANCIAL AID

2022-23 SPECIAL CONDITION WORKSHEET

If your family situation has changed significantly since completing the 2022-23 Free Application for Federal Student Aid (FAFSA) Form, you may request these changes be taken into consideration by providing additional information. Information from this form, the student file, and supporting documentation will be used to determine if eligibility for financial aid can be recalculated. Wofford College complies with the guidelines of the U.S. Department of Education.

_____ I understand that submitting this form does NOT guarantee additional aid from any source (Federal, State, Institutional, etc.).

_____ I understand I need to write a separate letter explaining my circumstance.

_____ I understand this information may not be processed until all supporting documentation and letter of explanation are provided.

_____ I understand I still need to meet all deadlines for enrollment while this is being processed. Additional payment options may be found on my.Wofford.edu > My Scholarships and Financial Aid Section.

The best person in your family to contact in regards to the information provided:

NAME

EMAIL

PHONE NUMBER

STEP 1: STUDENT INFORMATION

_____ W _____ XXX-XX-_____
 STUDENT FULL NAME (PLEASE PRINT) WOFFORD ID NUMBER SOCIAL SECURITY NUMBER

STEP 2: SPECIAL CONDITION

1. Was/is your income and/or your spouse's or parents' income less in 2021, 2022, 2023 than in 2020?

___ Yes ___ No

2. What is your projected **household** income for 2022? _____

3. Do you plan to withdraw from retirement or other investments as a result of your special conditions?

___ Yes ___ No (If **YES**, please list amount and explain in attached letter.)

4. Is one or more of your parents now considered a Dislocated Worker? (Department of Education definition - A person who meets **ALL** of the following requirements: was terminated or laid off from employment or received a notice of termination or layoff, is eligible for or has exhausted unemployment compensation, OR was not eligible for it because, even though you have been employed long enough to demonstrate attachment to the workforce, had insufficient earnings or performed services for an employer that weren't covered under a state's unemployment compensation law; AND, are unlikely to return to a previous industry or occupation.)

___ Yes ___ No

STEP 3: HOUSEHOLD INFORMATION (USE ADDITIONAL PAPER IF NECESSARY)

In the chart below, include the following:

- Yourself (the student).
- Your parent(s)/step-parent(s) (do **not** include non-custodial parent).
- Your parents' other children if:
 - (a) The parents/step-parents will provide more than half of their support from July 1, 2022-June 30, 2023.
 - (b) The children would be required to provide parental information when applying for federal student aid.
- Other people if they now live with your parents/step-parents, and your parents/step-parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2022-June 30, 2023.
- Write in the name of the college for any household member who will be attending at least half time between July 1, 2022 and June 30, 2023, and will be enrolled in a degree, diploma or certificate program.

FULL NAME OF FAMILY MEMBER	RELATIONSHIP TO STUDENT	AGE	NAME OF COLLEGE ATTENDING IN 2022-23
	self		Wofford College

STEP 4: CERTIFICATION

By signing this request for special circumstances, I (we) certify that all information reported on this form is true and correct to the best of my (our) knowledge. *Electronic signatures are not acceptable.*

STUDENT SIGNATURE

DATE

PARENT SIGNATURE

DATE

**We cannot accept emailed or faxed documents because of privacy and security concerns.
Please use one of the following methods to submit your documentation.**

SECURE UPLOAD

<https://forms.wofford.edu>
(Requires student log-in to myWofford.)

MAIL

Office of Financial Aid
Wofford College
429 N. Church Street
Spartanburg, S.C. 29303

IN PERSON

Hugh S. Black Admin Bldg.
2nd floor above Admission

Circumstances may include but are not limited to:

1. **Unemployment:** (Please note: It is Wofford's policy that the parent be without a job for at least three months before a review will be completed. This allows for severance, unemployment benefits or new employment to take place to know the exact effect the unemployment may have on a family.)

Action Item: Once three months have passed, please submit unemployment documentation, last pay stub, new pay stub (if found new employment), 2021 or 2022 tax information – if filed and less than 2020, and any other documentation that may be helpful in supporting your projected income listed above.

2. **Divorce/Separation**

Action Item: Please attach copy of divorce/separation agreement and proof of separate households (i.e., utility bills, rental agreements, etc.)

3. **Child Support**

Action Item: Please provide how much child support has been lost.

4. **One-time Income:** (Examples: inheritance, moving allowance, severance or IRA/pension distribution)

Action Item: Please identify the source of income and how the funds were spent or invested in attached letter of explanation. Also, self-certify in the letter of explanation that you do not intend on receiving the on-time income in future years. For rollovers, please submit copy of 1099-R.

5. **Volatile Income:** (Please note: For families who experience volatile income from year to year based on commission, sales or other economic conditions, a 3-year average is calculated.)

Action Item: Submit the last three years' 1040 tax returns and Schedules 1-6, if filed

6. **Out of Pocket Medical/Dental Expenses:** Did you have unusual medical/dental expenses in 2020, 2021, or 2022?
___ Yes ___ No

If **YES**, how much did you pay **out of pocket**? _____

From what sources did you finance these expenses? _____

Action Item: Attach supporting documentation including, but not limited to, receipts, bank statements, etc.

7. **Day Care/Elementary/Secondary Education:** Do you pay for elementary or secondary education or dependent care expenses? If so, do these expenses present a financial hardship to the family? ___ Yes ___ No

Action Item: Please explain why these expenses are necessary and provide supporting documentation such as a letter from institution with amounts paid out of pocket listed.

8. **Extended Family Support:** Do you contribute more than 50% financial support to relatives not counted as a member of your household on page 1? ___ Yes ___ No

Action Item: Provide the monthly amount with supporting documentation and explanation of support provided.

9. **Other:** Families may experience unusual circumstances from time to time that we may not have covered above. Please provide an explanation and submit relevant supporting documentation.