

# Carleton College

## 2020-2021 Request for Special Circumstances Review

Student's Name: \_\_\_\_\_

Carleton ID: \_\_\_\_\_

Student's Email Address: \_\_\_\_\_

Class Year: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Parent(s) email address(es): \_\_\_\_\_ OR \_\_\_\_\_

Person completing this request: \_\_\_\_\_ Student \_\_\_\_\_ Parent

**STEP 1: REASON FOR REQUEST** – Check all appropriate boxes that apply to your special circumstances AND submit the recommended supporting documents.

| Please check:            | Special Circumstance:  | Recommended Supporting Documents:  |
|--------------------------|--|--|
| <input type="checkbox"/> | Loss of Employment<br><br>Note: Loss of employment will not be reviewed until 8 weeks have passed since last date of employment. | <ul style="list-style-type: none"> <li>Carleton College Estimated Income Worksheet</li> <li>Copy of the last/most recent pay stub with year to date earnings from previous employer</li> <li>Termination/Separation Notice from employer, including last date of employment</li> <li>Severance Statement (if applicable)</li> <li>Copy of unemployment benefits (if applicable)</li> </ul> |
| <input type="checkbox"/> | Significant Change in Income   | <ul style="list-style-type: none"> <li>Carleton College Household Budget Worksheet</li> <li>Copy of last/most recent pay stub</li> <li>Letter of explanation from employer</li> </ul>  |
| <input type="checkbox"/> | One-time Income  | <ul style="list-style-type: none"> <li>Clarification (i.e. IRA distribution, sale of property, inheritance, 1099 form)</li> <li>Detailed explanation of how income was used</li> </ul>   |
| <input type="checkbox"/> | Medical Expenses<br><br>(not previously reported on Profile)   | <ul style="list-style-type: none"> <li>Explanation of special circumstances and estimate of 2020 medical expenses NOT reimbursed or paid by insurance</li> <li>Documentation of outstanding/prior year medical bills NOT reimbursed or paid by insurance (i.e. Federal 1040 Schedule A or a listing of eligible expenses paid out of pocket in 2020)</li> </ul>                            |
| <input type="checkbox"/> | Extended Family Support  | <ul style="list-style-type: none"> <li>Explanation of special circumstances including name, age, relationship of person(s) and documentation of financial support for family members living outside of family household</li> </ul>   |
| <input type="checkbox"/> | Unusual Expenses<br><br>(i.e. educational debt, natural disaster, loss of benefits to student or parent)                         | <ul style="list-style-type: none"> <li>Documentation of education related debt in the parent's name(s)</li> <li>Description of the circumstances and related expenses</li> <li>Carleton College Household Budget Worksheet</li> </ul>  |
| <input type="checkbox"/> | Marital Separation/Divorce of Parents<br><br>Note: Parents must live in separate residences                                      | <ul style="list-style-type: none"> <li>Documentation of separation, divorce, or verification of separate residences</li> <li>Documentation of child support, family support or maintenance support. Include support that is received or anticipated to be received.</li> </ul>   |
| <input type="checkbox"/> | Other: Describe Circumstances  | <ul style="list-style-type: none"> <li>Documentation to support consideration of circumstances including details of how this impacts your family's contribution to college expenses.</li> </ul>  |

**STEP 2: EXPLANATION OF SPECIAL CIRCUMSTANCES** – Provide a detailed explanation of the reason for your request. Attach additional page(s) if necessary.

**STEP 3: VERIFICATION OF PARENT(S) HOUSEHOLD** – Fill in the information about the people whom the student's parent(s) will support between July 1, 2020 and June 30, 2021. Include the Carleton student, parent(s), and any dependent children living in the household. Include other people only if they live with you AND will receive more than 50% of their support from you between July 1, 2020 and June 30, 2021 (attach an additional page if necessary).

| Name of Family Member | Relationship to Student | Age | Name of College or University attending (7/1/20 – 6/30/21) | College enrollment: full-time or half-time (2020-2021) | Year in College (2020-2021) |
|-----------------------|-------------------------|-----|--|--|-----------------------------|
|                       | STUDENT                 |     | CARLETON   |  |                             |
|                       |                         |     |  |  |                             |
|                       |                         |     |  |  |                             |
|                       |                         |     |  |  |                             |
|                       |                         |     |  |  |                             |

**STEP 4: SIGNATURE**

I certify that the information provided on this Request for Special Circumstance Review form is accurate and complete as of the signature date. I understand that this request does not guarantee a change(s) to the financial aid award and does not release me from payment of any balance due on the student's account.

Signature of Person Completing Request:

Date:

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Requests are typically reviewed within two weeks of receipt. If additional information is requested, additional review time will be needed. Our response to your review will be sent to the email address of the person completing this request.

Submit (only **one** format) your Request for Special Circumstances Review and your supporting documents to:

Director of Student Financial Services  
Carleton College  
1 North College Street  
Northfield, MN 55057  
or  
Email: [financialaid@carleton.edu](mailto:financialaid@carleton.edu)  
or  
Fax: 507-222-4269