



Financial Aid Office
Special Circumstance Form
2008-2009

NORFOLK STATE UNIVERSITY

Name of Student: Last Name First Name MI ID

The student's full name and social security number must be printed or typed clearly in the space provided above. The following statements are completed by the individual who is requesting consideration of a special circumstance.

- [] Student (You, the student, must sign this form)
[] Parent of Student (Only parent must sign this form; student's signature is not required)
[] Other: Relationship to student: (The individual completing this form must sign this form)

At your request, the Financial Aid Office will reexamine the above named student's financial aid eligibility status for the 2008-2009 academic year based upon special circumstance(s). However, additional information must be provided. Please provide a response for each of the following questions. Failure to provide an answer to each question may delay or deny your request for reexamination.

What reason(s) are you requesting recalculation of the student's financial aid eligibility status? (Please use a separate sheet of paper if you need additional space.)

Blank lines for providing reasons for recalculation.

Was special circumstance(s) the result of a medical reason? [] No [] Yes (If yes, please provide verification from physician of medical reason and submit verification of medical bills paid, not covered insurance, in years 2007 and 2008 if applicable.)

When was the last date of employment, date income changed, or date income reduction began? Indicate last/change/reduction date (Please attach official verification from your employer to indicate change in income or the last date of employment. This correspondence from your employer must be on your employer's letterhead or bear official seal of organization.)

Was special circumstance(s) the result of a retirement from employment? [] No [] Yes (If yes, please provide verification of retirement benefits for year 2007 and year 2008 if applicable.)

What was your annual/yearly income in year 2007 (January 2007 through December 2007)? \$

Was special circumstance(s) the result of a disability? [] No [] Yes (If yes, please provide verification of disability income for year 2007 and year 2008 if applicable.)

What is your anticipated annual/yearly income for year 2008 (January 2008 through December 2008)? \$

How often were you paid? [] weekly [] bi-weekly [] monthly [] bi-monthly (Please provide a copy of last pay stub. If a reduction in income, please provide pay stubs to verify prior income and current income.)

From the above anticipated annual/yearly income, from what source(s) will you earn/receive income for year 2008 (January 2008 through December 2008)?

Did you or will you receive unemployment benefits for year 2007 or 2008? [] No [] Yes (If yes, please obtain verification of total unemployment benefits from appropriate state agency)

The student's financial aid eligibility will be reevaluated when all required documentation is submitted. Incomplete, erroneous, or discrepant documentation can result in delay or denial of your request for review.

I affirm that the information reported on this form and any attachments hereto is true, complete, and accurate to the best of my knowledge. I understand that any false statement or misrepresentation will cause for denial, reduction, withdrawal, and/or repayment of financial aid and may subject the filer(s) to a fine or imprisonment, or both under provision of the U.S. Criminal Code.

Print the name of the Individual Completing the Form Signature of Individual Completing the Form Date

Please return this form to Norfolk State University, Financial Aid Office, Suite 130, 700 Park Avenue, Norfolk, Virginia 23504; Fax no (757) 823-9059. If you have any questions, contact the Financial Aid Office at (757) 823-8381.