

NORFOLK STATE UNIVERSITY
Financial Aid Office
Certification of Special Circumstance(s)
2010-2011 AYR

Name of Student: _____ ID _____
Last Name First Name

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

- Student** (*You, the student, must sign this form*)
 Parent of Student (*Only parent must sign this; 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 2010-2011 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.*)

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 2009 and 2010 if applicable.*)

Was special circumstance(s) the result of a retirement from employment? No Yes
(*If yes, please provide verification of retirement benefits for year 2009 and year 2010 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 disability?
 No Yes (*If yes, please provide verification of disability income for year 2009 and year 2010 if applicable.*)

What was your annual/yearly income in year 2009 (January 2009 through December 2009)?
\$ _____

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.*)

What is your anticipated annual/yearly income for year 2010 (January 2010 through December 2010)?
\$ _____

Did you or will you receive unemployment benefits for year 2009 or 2010? No Yes
(*If yes, please obtain verification of total unemployment benefit from appropriate state agency*)

From the above anticipated annual/yearly income, from what source(s) will you earn/receive income for year 2010 (January 2010 through December 2010)?

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 Form _____ Signature of Individual Completing the Form _____ Date _____