

TCU Financial Aid Office  
TCU Box 297012  
Fort Worth, TX 76129  
(817) 257-7858  
Fax (817) 257-7462

**SPECIAL CIRCUMSTANCES APPLICATION for  
DEPENDENT UNDERGRADUATES  
2009-2010**

This form will not be processed until TCU receives the results of your Free Application for Federal Student Aid (FAFSA) and any required documentation. Failure to provide all requested documentation will result in a delay in processing and/or denial of this request.

**The TCU Office of Scholarships and Financial Aid will not consider the following situations a special circumstance:**

- Unforced Retirement
- S-Corporations
- Recurring situations that remain unchanged from the previous year
- Unemployment less than 3 months
- Private-secondary education

Student's Name	TCU ID #		
Parent's Name (if Dependent Student)	Phone Number		
Parent's Address	City	State	Zip

**Have you filed a Special Circumstance with our office in a previous aid year?**     Yes  No

     **A. Loss of income from work:** at least 12 consecutive weeks. \*\* (See Comment below.)

Period of unemployment from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_.

     Layoff: Provide letter from employer or unemployment commission stating effective date.

     Termination: Provide letter from employer or unemployment commission stating effective date.

     Disability: Date of disability \_\_\_/\_\_\_/\_\_\_ . Attach documentation of disability.

     One time income: (i.e. inheritance, moving expense, back year's social security payments, lump sum retirement or IRS distribution. You must attach a separate sheet identifying source of income and how funds were spent or invested.)

     **B. Loss of untaxed income:** at least 12 consecutive weeks\*\* (See Comment below.)

     Social Security: Provide Social Security Administration Notification of Termination of Benefits.

     Child Support: Provide court document stating termination of benefits.

     Worker's Compensation: Provide a letter from Bureau of Worker's Compensation stating termination date of benefits.

     **C. Divorce:** After filing the FAFSA, your parents (or yourself and your spouse) have separated or divorced. Date of divorce or separation \_\_\_/\_\_\_/\_\_\_ . If divorced, attach copy of divorce decree and 2008 W-2 form(s). If separated, attach a copy of 2007 W-2 forms, 2008 tax return, and current address of the parent who moved out of the house. \_\_\_\_\_

     **D. Death:** After applying for financial aid, a parent or spouse has died. Date of death \_\_\_/\_\_\_/\_\_\_ . Attach a copy of the death certificate.

     **E. Other unusual circumstances.** Provide complete information regarding other unusual expenses. Attach appropriate documentation.

\*\*Please note, when you have been unemployed less than 12 weeks, TCU reserves the right to evaluate the application at a later time.

TCU ID # \_\_\_\_\_

Please provide the best possible estimates for the period of January 1, 2009- December 31, 2009. Additional documentation may be requested.

<b>EXPECTED INCOME FOR 2009</b>	<b>ACTUAL 1/01/09 TO TODAY</b> ____/____	<b>ESTIMATED TODAY TO 12/31/09</b>	<b>TOTAL - ACTUAL INCOME PLUS ESTIMATED INCOME</b>
Expected income earned from work by father in 2009			
Expected income earned from work by mother in 2009			
Expected income earned from work by student in 2009			
Expected income earned from work by spouse in 2009 (if referred to on the front of this form)			
Other taxable income (interest, pensions, unemployment compensation, severance, etc.) <b>Source:</b>			
Other untaxed income (child support, Social Security, Welfare, worker's compensation, cash received, etc.) <b>Source:</b>			
<b>TOTAL INCOME FOR 2009</b>			

**Important Information:**

- The first two pages of the 2008 tax return must accompany all Special Circumstance applications.
- Failure to submit a tax return will result in a delayed processing.
- Please note, general processing time for the Special Circumstance Application takes about 4-6 weeks.
- Please attach an explanation letter and any additional information that explains your circumstance.

**CERTIFICATION:**

*All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I also realize that if I do not give proof when asked, the student may not receive financial assistance. I also authorize the examination of any documents, including medical records, which may be submitted as a part of this Special Circumstance application.*

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Spouse signature

\_\_\_\_\_  
Date