



Special Circumstances Form, 2020-2021

To apply for need-based assistance, first complete the 2020-21 Free Application For Federal Student Aid (FAFSA) at www.fafsa.gov. Appeals for certain circumstances that are not included on the FAFSA can be made here. This form should be submitted at the time the FAFSA is completed, or when the special circumstances become known. Appeals for special circumstances cannot be processed until all required documentation to verify a student's FAFSA has been received.

STUDENT INFORMATION

Student Last Name	Student First Name	Middle Initial	Drake ID #
Phone	Email	City	State

REPORT SPECIAL CIRCUMSTANCES (Complete sections that apply to you)

Reduction In Income: The 2020-21 FAFSA is based on 2018 income. Complete the section(s) below if there has been a significant and involuntary reduction to income since 2018. Estimate anticipated 2020 income to the best of your ability.

PARENT INCOME (est for calendar year 2020)	STUDENT INCOME (est for calendar year 2020)
Parent 1 wages/severance pay _____	Student wages/severance pay _____
Parent 1 unemployment benefits _____	Student unemployment benefits _____
Parent 1 other income _____	Student other income _____
Parent 2 wages/severance pay _____	Spouse wages/severance pay _____
Parent 2 unemployment benefits _____	Spouse unemployment benefits _____
Parent 2 other income _____	Spouse other income _____
Total 2020 Income _____	Total 2020 Income _____

Please include support for your estimates given above. Documentation could include recent paystubs, unemployment benefits statements, letters from employers, a detailed written explanation of changes, or other documents that demonstrate a change in financial circumstances. Appeals without supporting documentation cannot be considered.

Unusually High Medical, Dental and Dependent Care Costs: The FAFSA has a built-in allowance for these kinds of expenses. However, if you believe your annual expenses (not covered by insurance) are atypical, complete the questions below.

Estimated medical/dental costs that will be paid in calendar year 2020 (after insurance): _____

Estimated payments for medically-related care of dependents in 2020 (exclude reimbursements): _____

Please include support for your estimates given above. Documentation could include Schedule A (itemized deductions) from your 2018 or 2019 federal 1040 tax return; a signed, itemized list of expenses that includes date of service, payee, and amount paid; a detailed written statement; or other documents that demonstrate a significant medically-related financial burden. Appeals without supporting documentation cannot be considered.

College Tuition for Parent(s): If the parent(s) of a dependent student are enrolled in a degree program at an accredited college/university, report the amount of tuition to be paid, less any assistance received from the school or other sources, for the 2020-21 year. Include a copy of the most recent financial aid & billing statements with this form.

Parent tuition to be paid during 2020-21 year: _____

Other Circumstances or Explanation: Use this space to explain any other circumstances not reflected on the FAFSA, or to further explain any of the information from foregoing sections. Attach another page if necessary.

CERTIFICATION

By signing this form, I certify that all information is true and complete, to the best of my knowledge. I understand that cases of suspected fraud will be referred to the Office of Inspector General for investigation.

Student Signature

Date

Parent Signature

Date

RETURN COMPLETED FORM TO:

Drake University, Carnegie Hall
Office of Student Financial Planning
2507 University Avenue
Des Moines, IA 50311-4505

Fax: 515.271.4042

Email*: financialaid@drake.edu

**If sending sensitive documents, please encrypt your emails or deliver by more secure means.*