

Student's Last Name, First, M.I.	CofC ID number	Email Address
one or more of the special circumstar	ices below. Please provide all required do ejection of this request. Please note that su	ent student special circumstances. To begin, select ocumentation. Providing inadequate documentation abmitting this request does not guarantee that a
Check the circumstance that applied required documentation below.	s to your situation. You must attach a	detailed personal letter in addition to the
<ol> <li>Statement from previous</li> <li>A current statement of us</li> <li>Final pay stub(s)</li> </ol>	a 2022 but has lost job and is still unemployed employer that includes your parent's last date nemployment benefits or severance package rule.	e of employment; and received, if applicable; and
documentation:  1. A copy of your or your s 2. Final pay stub(s) from p 3. Detail letter indicating d 4. Complete Estimated Yea	pouse' 2023 IRS Tax Return Transcript and/orevious employer and last pay stub from curre ates, employers, severance, unemployment cour Income Statement on page 2 e a future federal tax return before we make a	ent employer, if applicable ompensation, and other untaxed income
<ol> <li>If parents separated after domicile. Attach a copy</li> <li>If parents are divorced: A</li> </ol>	FSA, Your or your spouse have separated or de FAFSA filed, attach a statement indicating the of the separation agreement if applicable. Attach a copy of your parents' divorce decree copy of 2022 federal tax return, schedules and	he date of your parents' separation and proof of separate
1. A copy of your parent's d	FSA, a supporting your spouse has died. <b>Requ</b> eath certificate or obituary of the 2022 federal tax return, schedules and V	
inheritance, child support received, I  1. A statement from source 2. A statement from parent	time income in 2022, loss, or reduction in ben RA or pension distribution). <b>Required Docu</b> of one-time income indicating amount; and (s) indicating the disposition of the funds it loss or reduction (divorce decree, Social Sec	mentation:
January 2022 through December 202		2022. Total medical and/or dental expenses <u>PAID</u> from raid out of pocket in 2022 not covered by

Signed federal tax return and/or Tax Return Transcript including schedule "A" if claimed on federal return.

Print Student's Last Name, First, M.I. CofC ID Numb				er			
STUDEN	T/SPOU	SE ESTIMATED YEAR INCOME ST	ATEMENT				
1)	Date employment ceased (if applicable)						
2)	Incor	ne earned by Student from Ja					
3)	Income earned by Spouse from January 1, 2024 to December 31, 2024						
4)	Student taxable income (other than earned wages) expected from 01/01/24 to 12/31/24 (include unemployment, interest income, severance, etc.)						
5)	Spouse taxable income (other than earned wages) expected from 01/01/24 to 12/31/24 (include unemployment, interest income, severance, etc.)						
6)		ent/Spouse untaxed income fr					
	sourc A)	Deductible IRA and/or Keo					
	B)	Payments to tax-deferred p withheld from earnings). In plans.					
	C)	Child Support received.					
	D)	Untaxed portions of pensions (excluding "rollovers")					
	E)	E) Other untaxed income and benefits (explain and provide expected amounts, such as worker's compensation, foreign income exclusion, etc.)					
Total:	: Cash/	checking/Savings	Investments	Business Value_			
Num	ber of 1	people in household	<u> </u>				
		ne information listed above is a come certify that if any information of the					
Studen	t Signa	iture		Date			
	Of	fice Use Only Approved SAI :old	New:				
	On	nce ose only Approved SAI :01d _	New:				
	De	nied Reason			-		
	Sta	ff signature		Date:			