



FINANCIAL AID OFFICE, COLLEGE OF ARTS AND SCIENCES
 4201 SOUTH WASHINGTON STREET
 MARION, INDIANA 46953-4974
 866-468-6498 | 765-677-2116
 765-677-2809 FAX
 FINAID@INDWES.EDU

Special Circumstances Form 2015-2016 – Divorce or Separation

THE PARENTS OF A DEPENDENT STUDENT WHO EITHER DIVORCE OR ARE SEPARATED AFTER THE FAFSA HAS BEEN FILED. ***This form and all required documentation must be received 10 business days before the end of the academic year to guarantee consideration.***

Student Name: _____ ID#: _____

Social Security Number: XXX - XX - _____

Divorce or Separation:

1. Date of final divorce/separation (mmddccyy): _____
2. Name of parent remaining in the household: _____
3. List on the chart below the actual and/or expected monthly gross income of the parent the student is living with the most or who will provide more than half of the student's support.
4. List on the chart below the actual and/or expected child support received/paid.
5. List changes in household size:
 - a. Household size was: _____ Household size now: _____
 - b. Child support was: _____ Paid: _____ Received: _____
6. Documentation required:
Divorce/Court documents, Separation/Court documents, 2014 Federal 1040 Tax Return (parents), W2 from parent student currently lives with, child support/alimony payment documents.
7. **All steps must be completed for this to be considered by the IWU Financial Aid Office.**

When you complete this form, every box MUST have a numeric value listed; if omitted, \$0 will be assumed.

If you are receiving income or benefits on a weekly basis, keep in mind there are more than four (4) weeks in a month. To correctly calculate the monthly amounts, either multiply the weekly amount by 4.3333 to get an amount per month or multiply the weekly amount by 52 (weeks) then divide by 12 (months) to get an amount per month.

MONTH	JULY 2015	AUG 2015	SEPT 2015	OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUNE 2016
GROSS INCOME												
CHILD SUPPORT												

I certify the information provided is complete and true to the best of my knowledge. If there are changes to our situation, I agree to notify the IWU Financial Aid Office. I understand that any changes made to my eligibility, based on the information provided above only, affects the aid received at Indiana Wesleyan University.

Student Signature

Date

Parent Signature

Date