



Student Identification			
First Name	M.I.	Last Name	
Student ID	OR	()	-
Last 4 Digits of SSN		Phone Number	

***** PLEASE NOTE: there is no benefit in completing this form if, 1) you are a graduate student, or 2) you are an undergraduate student whose Expected Family Contribution (EFC) on the Free Application for Federal Student Aid (FAFSA) already is \$0. *****

Please indicate the situation that has caused a decrease in income from the 2020 calendar year.

Loss of Job

One or both parents of a dependent student or, for an independent student, the student or the student's spouse becomes unemployed after filing the FAFSA, resulting in reduced income.

Change of Job

One or both parents of a dependent student or, for an independent student, the student or the student's spouse experiences a change in employment after filing the FAFSA, resulting in reduced income.

Decrease in Hours Worked

One or both parents of a dependent student or, for an independent student, the student or the student's spouse experiences a decrease in hours worked after filing the FAFSA, resulting in reduced income.

Family Member Affected

Indicate the family member affected by the loss or change of job/income and list that person's name along with the date of employment/income loss or change and the date of new employment, if applicable.

<p>Independent Student</p> <p>Student _____ Student's Spouse _____</p>	<p>Dependent Student</p> <p>Student's Parent 1 _____ Student's Parent 2 _____</p> <p style="text-align: center;"><i>As entered on the FAFSA</i></p>
<p>Name of the affected family member: _____</p> <p>Date of employment loss or change: _____</p> <p>Date of new employment, if applicable: _____</p>	

Gross Income

In the chart below, indicate actual and anticipated monthly gross income from work (wages) of the family member affected by the loss or change of job/income. **Please project income for future months.**

Month	July 2022	August 2022	September 2022	October 2022	November 2022	December 2022
Gross Income						
Month	January 2023	February 2023	March 2023	April 2023	May 2023	June 2023
Gross Income						

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This form is not valid until you have signed and dated the next page



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Gross Benefits

In the chart below, indicate actual and anticipated monthly gross funds received from benefits such as severance pay, unemployment, disability, and current employment benefits (auto allowance, travel, etc.). **Please project benefits for future months.**

Month	July 2022	August 2022	September 2022	October 2022	November 2022	December 2022
Gross Benefits						
Month	January 2023	February 2023	March 2023	April 2023	May 2023	June 2023
Gross Benefits						

Required Documentation

Attach required documentation:

- a. 2020 Federal Income Tax Return
- b. 2020 W2 form(s) for student and spouse, if applicable, for independent students or student’s parent(s), for dependent students
- c. Pay stub prior to the loss or change
- d. Pay stub after the change, if applicable
- e. Letter from HR Department or supervisor regarding the change
- f. Online printout of unemployment benefits

Certification and Signature: I certify the information provided is complete and true to the best of my knowledge. Furthermore, I agree to contact the Financial Aid Office at the time there are changes to the situation on which the request for exception has been founded. I understand that changes made to my student financial aid eligibility based upon the information provided may affect only the student financial aid received at Indiana Wesleyan University for the 2022-2023 award year.

Student Signature* _____
Date

Parent Signature (for dependent student only)* _____
Date

* Must be an actual “wet” signature. A digital signature or typed font signature is not acceptable. This form may be completed and “wet” signed via a tablet or smartphone with PDF signing capability using a stylus pen. You may need to download an app to access this feature.

IMPORTANT: *Indiana Wesleyan University’s Financial Aid Office will honor special circumstances documentation submissions made no later than two weeks prior to when the student ceases attendance for the applicable award year. We cannot guarantee a review of submissions made after this date, and no consideration will be given to submissions made after the student ceases to attend.*

Mail, fax, email, or deliver the completed worksheet to the Financial Aid Office using the contact information listed below.

EMAILED FORMS MUST BE SENT FROM THE IWU STUDENT EMAIL ACCOUNT