

IMPORTANT: You should only submit this form if you meet the Special Circumstance listed above. You will need to submit all of the documentation listed under the Required Documentation box (next page) in order for Westfield State University (WSU) to process your request.

A. Student's Information

Student's Last Name	Student's First Name	Student's M.I.	CWID
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B. Instructions:

Before petitioning for a Special Circumstance, a completed 2020-2021 Free Application for Federal Student Aid (FAFSA) must be on file with the Financial Aid Office at WSU.

Incoming students will not be evaluated for a Special Circumstance until their initial financial aid has been processed.

Returning students can begin to submit their information March 1st of the year for which they will be applying for aid.

In addition to submitting the information for the chosen Special Circumstance category, the Federal government requires that we verify the data you provided on your FAFSA. Therefore, all students are required to submit the following documents:

- If the student, spouse (if applicable), or parent filed a 2018 Federal Tax Return, attach a signed copy of the 2018 Federal Return with Schedules 1, 2 and 3 if applicable.
- If the parent or Independent student did not file a 2018 Federal Tax Return, a Verification of Non-Filer must be attached. A Verification of Non-Filer can be requested by mail using IRS Form 4506-T.
- All students must complete a Verification Worksheet. These forms are located on our website. Please copy and paste the following link on your browser to access the forms:

<http://www.westfield.ma.edu/tuition-financial-aid/verification-forms>

- A personal statement from the student/parent detailing the circumstance. Please be specific.

You must submit this form ALONG WITH all the required documentation. Incomplete submissions will not be evaluated. Please call us at (413) 572-5218, Option #2 with any questions.

Excessive Medical Expenses

Student's name: _____ CWID: _____

C. Special Circumstance Certification:

Select the calendar year in which the Special Circumstance occurred: 2018: ____ 2019: ____ 2020: ____

Review and complete the information below.

Circumstance	Reason	Required Documentation
Unusual Medical/Dental Expenses	Medical/Dental expenses not covered by insurance, paid in 2019/2020 and within allowable IRS guidelines.	Signed 2019 Tax Return with Schedule A or Itemized list of medical expenses paid out of pocket with receipts.

D. Certification and Signature

By signing this worksheet I certify that all of the information reported on it is complete and correct.

Student's Signature

Date

Parent's Signature

Date

STOP! You must submit this form ALONG WITH all of the required documentation. Incomplete submissions will not be evaluated. Information can be submitted via e-mail, fax or USPS mail. We suggest you put your name and CWID on all submitted documents.

Email: financialaid@westfield.ma.edu

Fax: (413) 579-3019

Westfield State University, Financial Aid Office, 333 Western Ave, Westfield MA 01086