

When completing the FAFSA, you are required to provide 2023 income/asset information and in some cases, this information changes or is not a good representation of your family's financial situation. If you are experiencing a hardship or other situation that is not reflected on the FAFSA, we may be able to reevaluate your financial need.

INSTRUCTIONS: Please complete all sections of this worksheet and submit any requested information to the Financial Aid Office. You will be notified by mail once a decision has been made. Decisions of the Special Circumstances Review Committee are final. **All Steps, A-E, are required.** Please contact us with any questions at 614-251-4778 or finaid@ohiodominican.edu.

A. Student Information

Student's Full Name

Student Phone Number (Including Area Code)

ODU Student ID Number or Last 4 of social

Parent Daytime Phone Number (Dependent Students only)

B. Reason For Filing – Loss of Taxable Social Security Benefits

- 1. Date funds were reduced or ceased: _____
- 2. Indicate the amount and frequency (weekly, monthly) social security WAS being received prior to the change: \$_____
- 3. Indicate the amount and frequency (weekly, monthly) social security IS currently being received (if applicable):
 - **<u>Required Documentation</u>**: Letter from Social Security Administration indicating the date the change in benefits is to occur AND a statement showing how much you were receiving before the loss or reduction.

C. Personal Statement

□ I have attached a personal statement to this application explaining the details of my specific situation.

D. Verification Worksheet

□ I have submitted a V1 Standard: 2025-2026 Verification Worksheet and any documentation that may be required with it (located at www.ohiodominican.edu/finaidforms).

E. Certification and Signatures

By signing this application, I certify that the information provided on this form and all supporting documentation is true to the best of my knowledge. I understand that incomplete requests will not be processed and additional documents may be requested to verify my circumstance(s). I also understand that submitting this information does not guarantee an adjustment to my/my child's financial aid.

Student's Signature:	Date:
Parent's Signature (Dependent Students Only):	Date:

Submit completed form to: Financial Aid Office, Ohio Dominican University, 1216 Sunbury Road, Columbus, OH 43219 Phone: (614) 251-4778 Fax: (614) 253-3499