

West Virginia School of Osteopathic Medicine  
**Special Circumstances Form**

Use this form if your family's financial situation has recently changed due to any of the following:

- loss of job or benefit
- extended family support
- elementary/secondary education
- unusual medical/dental expenses
- death in family
- separation/divorce
- marriage
- increase in income/benefits
- other

**Student Information:**

Student Name:	
Student ID#	@
Class of:	
Social Security #:	
Home Phone:	
Cell Phone:	
Address:	
City:	
State & Zip Code:	

**Income Changes:**

Will your income and/or spouse's income be less than the previous academic year for any of the following reasons? Please check the appropriate reason and provide the date the change in your income occurred.

Date your income changed: \_\_\_\_\_

- Recently unemployed or other change in employment resulting in loss of income.
- Divorce or separation from spouse.
- Death of spouse.
- Students or spouse disability.
- One-time increase in income (e.g. inheritance, back Social Security payments).
- Other

If your income increased because of one-time increase please identify the source of the funds and how the funds were disbursed (spent, saved, invested).

If your income decreased for any of the reasons stipulated above complete the Income Work Sheet.

If your income decreased due to separation/divorce or the death of your spouse use only your financial information to complete the Income Work Sheet.

**Income Work Sheet:**

Anticipated Income for next year:
Wages / Salaries / Tips:
Other Taxable Income:
Untaxed Social Security Benefits:
Aid to Families with Dependent Children:
Child Support Received:
Other Untaxed Income:

**Unusual Medical & Dental Expenses:**

Medical and dental insurance premiums for previous tax year (Do not include employer's contribution)	
Total medical / dental expenses not paid by insurance:	

**Elementary / Secondary Education:**

1. Do you pay elementary/secondary education? *If yes, provide documentation and proof of payment.*
  - a. Yes
  - b. No

**Other:**

Please attach a separate sheet with explanation and documentation.

**Certification:**

All information on this form is true and complete to the best of my knowledge. If asked, I agree to give proof of the information I have provided on this form.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

After completion please return this form and any accompanying documentation to:

West Virginia School of Osteopathic Medicine  
Financial Aid Office  
400 North Lee Street  
Lewisburg, WV 24901