



OXY FINANCIAL AID SPECIAL CIRCUMSTANCES 2012-2013

STUDENT'S NAME: _____

OXY ID: _____
(New Students Leave Blank)

*Occidental College ~ Office of Financial Aid ~ 1600 Campus Road ~ Los Angeles, CA 90041
323.259.2548 ~ 323.341.4961 (fax) ~ finaid@oxy.edu ~ www.oxy.edu/finaid*

You are being asked to complete this form because you have indicated a major change in your financial circumstances. You need to document your request fully so we can accurately evaluate your request for additional assistance. Complete only the sections that apply to your current situation. If you would like to provide additional information, attach a letter or use the back of this form.

This form reports the changes of: Student Parent

A loss or reduction in income:

Please **attach a letter** outlining the reason for your reduction in wages, and provide any documents that substantiate this change such as: termination notice, death certificate, legal separation, divorce decree, etc.

Anticipated Income (July 1, 2012 to June 30, 2013)

Total Anticipated Earnings from Work by Father/Stepfather:	\$ _____
Total Anticipated Earnings from Work by Mother/Stepmother:	\$ _____
Total Anticipated Parental Earnings from <u>Interest and Dividends</u> :	\$ _____
Total Anticipated Parental Profit from <u>Business/Farm</u> :	\$ _____
Other Taxable Parental Income:	\$ _____
Other Untaxed Parental Income:	\$ _____
TOTAL	\$ _____

Effective date of loss or reduction in wages: _____

A loss or change in benefits:

Child support, alimony, disability payments, and worker's compensation are types of benefits that have a specific ending date. Please provide any combination of the following documents to substantiate that your benefits have ceased.

Effective date of loss or change of benefits, alimony, and/or child support: _____

Unusually high medical or dental expenses:

Only expenses **not covered by insurance** may be considered. Please itemize your medical or dental expenses below and attach receipts for all noted expenses in 2011. If you itemized your medical/dental expenses on Schedule A, you may submit the schedule in lieu of receipts.

Doctor and/or dental bills	\$ _____	Hospital/hospice statement	\$ _____
Prescription bills	\$ _____	Other (please list)	\$ _____
Eye care bills	\$ _____		

Private elementary or secondary school tuition:

Please complete the section below and attach receipts for these costs paid in 2011.

	Child #1	Child #2	Child #3	Child #4
Name of Child	_____	_____	_____	_____
Amount of Annual Tuition Paid	\$ _____	\$ _____	\$ _____	\$ _____
Name of Private School	_____	_____	_____	_____

Dependent or elder care expenses:

Please complete the section below and attach receipts for these costs paid in 2011.

	Person #1	Person #2	Person #3	Person #4
Name of Person	_____	_____	_____	_____
Age	_____	_____	_____	_____
Annual Support	\$ _____	\$ _____	\$ _____	\$ _____

Parent Loan Repayment:

If you are making payments on a parent loan for educational expenses (such as a PLUS Loan), please attach a monthly statement. The loan must be in the **custodial parent's name**.

Amount of Monthly Payment: \$ _____ Name of Student: _____

CERTIFICATION

I certify that all information reported on this form and any attachments and subsequent information provided to the Occidental College Financial Aid Office is true, complete, and accurate to the best of my knowledge. I understand that false statements or misrepresentations will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

Signature of Person Completing Form

Print Name

Date