

DISABILITY – PERMANENT OR LONG-TERM

IMPORTANT: 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 TCNJ to process your request.

A. Student's Int	ormation			
Student's Last Name	Student's First Name	Student's M.I.	PAWS ID	

B. Instructions:

Before petitioning for a Special Circumstance, a completed 2021-2022 Free Application for Federal Student Aid (FAFSA) must be on file with the Financial Aid Office at TCNJ.

Incoming students will not be evaluated for a Special Circumstance until their deposit has been paid.

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

In addition to submitting the information for the chosen Special Circumstance category, TCNJ must 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 2019 Federal Tax Return, attach a copy of the 2019 IRS Tax Return Transcripts or a signed "home copy" of your tax return along with all W-2 Form(s). Please copy and paste the following link on your browser for instructions on how to request a Transcript, if needed:
 - https://www.irs.gov/individuals/get-transcript
- Dependent students must complete a Dependent Verification Form. Independent students must complete an Independent Verification Form. These forms are located on our website. Please copy and paste the following link on your browser to access the forms:
 - https://financialaid.tcnj.edu/forms/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 (609) 771-2211 with any questions.



2021 – 2022 Special Circumstances Form

C. Special Circu	mstance Certification:	
Select the calendar year	ar in which the Special Circums	stance occurred: 2019: 2020: 2021:
Review and complete	the information below.	
Circumstance	Reason	Required Documentation
Disability – permanent or Long- term (6 months or greater)	Student, parent or student's spouse (if independent) suffered total and permanent disability after 2019	 Physician signed letter regarding disability length Last pay stub with year-to-date earnings Monthly disability statement from the SSA and/or private insurance company
In addition to the red	quired documentation, please co	omplete the following information:
Date of disability: Date workmen's con Weekly amount of v UNTAXED Amount earned in 2 Is the disability perm If YES indic	(check applicable) 021 prior to the disability (if application and the prior to the disability (if application and the prior to the disability amount of disability (if application and the prior to the disability (if applicable) are monthly amount of disability (if applicable)	penefits began: or policy benefits: \$ are they TAXED or policy benefits: \$ are they TAXED or ty/SS benefits: \$ and Gross monthly salary: \$
II NO give a	nticipated work return date:	and Gross monthly salary: \$
D. Certification and Signature By signing this worksheet I certify that all of the information reported on it is complete and correct.		WARNING: If you purposely give false or misleading information on this worksheet, you may face TCNJ disciplinary action, be fined and sentenced to jail.
Student's Signature		Date

Student's name: ______ PAWS ID: _____

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 PAWS ID on all submitted documents.

Email: <u>osfa@tcnj.edu</u> Fax: (609) 637-5154

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