

**Student's Information** 

A.

## 2022 – 2023 Special Circumstances Form

## **DEATH – PARENT OR SPOUSE**

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 TCNJ to process your request.

Student's I	ast Name	Student's First Name	Student's M.I.	PAWS ID
B. In	structions:			
-	_	r a Special Circumstand file with the Financial Ai	-	022-2023 Free Application for Federal Student Aid
Incoming	students wil	l not be evaluated for a S	Special Circumstar	nce until their deposit has been paid.
Returning	g students car	n begin to submit their in	formation March	1 <sup>st</sup> of the year for which they will be applying for aid.
				al Circumstance category, TCNJ must verify the data ed to submit the following documents:
•	IRS Tax F	Return Transcripts or a	signed "home co	a 2020 Federal Tax Return, attach a copy of the 2020 <b>opy" of your tax return</b> along with all W-2 Form(s). wser for instructions on how to request a Transcript, if
		• https://www.irs.gov/	individuals/get-tra	<u>anscript</u>
•	Independer	-	These forms are	fication Form. Independent students must complete an located on our website. Please copy and paste the
		<ul> <li>https://financialaid.te</li> </ul>	cnj.edu/forms/veri	fication-forms/
•	A personal	statement from the stude	ent/parent detailin	g the circumstance. Please be specific.
		s form ALONG WITH l us at (609) 771-2211 w	<del>-</del>	documentation. Incomplete submissions will not be
Student's n	ame:		p	AWS ID:



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<b>C.</b>	Special Circumstance Certification:						
Selec	t the calendar ye	ar in which the Special Circum	stance occurred: 2020: 2021: 2022:				
Revie	w and complete	the information below.					
Circumstance		Reason	Required Documentation				
De	eath of Parent or Spouse	Parent or student's spouse (if independent) passed away after the 2022-2023 FAFSA was filed	<ul> <li>Copy of death certificate</li> <li>Life insurance proceeds</li> </ul>				
Nai Dat Are	me of deceased pe of death: the spouse or cl If Yes: Date Mor	person:nildren of the deceased eligible	for Social Security benefits: Yes: No: n: Security benefits: \$				
D.	Certification  By signing this w	and Signature  orksheet I certify that all of the rted 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 Signatu	ıre	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 PAWS ID on all submitted documents.

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

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