

Parent Signature

Name:	
EMPLID:	
Date:	

Date

## 2021-2022 Special Circumstance—Death of Parent/Spouse (FASPDCT)

Approved Special Circumstances do not guarantee any additional aid will be awarded.

During high-volume processing times (i.e., the spring-term months of December and January; the summerterm months April and May; and the fall-term months of July and August), the estimated time frame for review is 6 to 8 weeks. During standard (off-peak times), the review will be completed within 15 business days.

			and August), the estimated time f ew will be completed within 15 bus	
Use	this application when a parent	or spouse listed on the initial F	AFSA filed has died.	
Plea	se complete the following info	rmation:		
•	Name of Deceased:			
•	Relationship to Student:			
•	Date of Death:			
Сор	ies of the following documenta	ition are required and must be a	attached when you submit the applic	cation:
•	If the parent did not earn incorstatement indicating you earned a copy of the SSA 1099 form if A copy of the 2019 tax return t	ed zero income for the tax year i social security benefits were be	vide all of your spouse's income, and in question. eing received	ł submit a
	Student Si	gnature	Date	