

2018-2019 Special Circumstances Request

STUDENT INFORMAT	ΓΙΟΝ		
Last Name	First Name	M.I.	Westmont ID Number or Last 4 digits of Social Security Number
E-mail Address			Student's Cell Phone
REQUIRED DOCUME	<u>ENTATION</u>		
• 2018-19 Verification	olaining your Special Circu on Worksheet Student Tax Return Transo		
Please select the option the documents listed a		r circumstanc	ce and include all of the documentation listed, in addition to
Loss of Employmi	ENT OR REDUCTION IN]	EMPLOYME	NT/INCOME
☐ Signed copy of the 20	017 Tax Return		
	ne. Please include estimates or retirement income, accoun		, including: income earned from work, interest income, rental etc.
☐ Copy of documentati	on relevant to your reduction	in income, lay	off, or unemployment.
MEDICAL EXPENSES	S PAID IN 2017		
☐ Itemized list of "out o	f pocket," medical expenses	incurred in 201	17. Please do not include insurance premiums.
ONE-TIME INCOME		do not expect	to receive again. Also attach any relevant documentation.
SIGNATURE By signing this workshee	t, we certify that all the inform	nation is comp	lete and correct:
Student			Date
Parent			Date
Submit this completed Westmont Coll Office of Finan 955 La Paz Roa	ege cial Aid		

Santa Barbara, CA 93108 Fax: 805-565-7157

Email: finaid@westmont.edu