



**Financial Aid Office**  
 2121 Euclid Avenue, Cleveland, OH 44115  
 Phone: (216) 687-5411 Fax: (216) 687-9247  
 For in-person inquiries, please visit Campus411 All-in-1, MC 116  
 www.csuohio.edu/financial-aid

## 2017-2018 Special Circumstance Petition – Elementary or Secondary School Tuition

_____ Last Name	_____ First Name	_____ CSU ID #
_____ Email Address	(____) _____ Phone Number (Home)	(____) _____ Phone Number (Cell)

This petition should only be completed by an independent student/spouse or parent(s) of a dependent student.

**The following documents are required to be submitted to our office before your petition will be reviewed. Do not submit your petition until you have all required documents.**

**Checklist:**

- This completed and signed form.**
- The appropriate 2017-2018 Verification Worksheet ([www.csuohio.edu/financial-aid/financial-aid-forms](http://www.csuohio.edu/financial-aid/financial-aid-forms)).**
- 2015 IRS Tax Return Transcript(s) or a signed copies of Federal Tax Return (1040, 1040A, 1040EZ) for Student and Spouse (if married) or Student and Parent(s) (if dependent), this must be submitted even if the IRS Data Retrieval Tool was used.**
- All 2015 W-2s issued to Student, Spouse (if married), and Parent(s) (if dependent).**
- Statement on school letterhead, indicating the out of pocket amount paid or to be paid and for whom in 2017-2018.**

Elementary/Secondary private school tuition: \$ \_\_\_\_\_ for the 2017/2018 year

Name(s) of child/children for whom tuition is being paid: \_\_\_\_\_

**Additional information or documentation may be requested by the Financial Aid Office.**

**Certification and Signatures**

I affirm that the data contained on this form and submitted with this form is true and complete to the best of my knowledge. Upon request, I will provide additional documentation to substantiate the information provided. If this Special Circumstance Petition involves a reduction of my earned income, I understand I may be required to provide documentation from the Internal Revenue Service of the actual income for the impacted tax year.

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent's Signature (If Dependent Student)

\_\_\_\_\_  
 Date

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**For Office Use Only**

Old EFC: \_\_\_\_\_ New EFC: \_\_\_\_\_ Current ISIR #: \_\_\_\_\_ New ISIR #: \_\_\_\_\_

New Additional Information (tuition paid): \_\_\_\_\_

- APPROVED**       **DENIED**       **WAIVED**       **NOT NEEDED**

FAO Staff: \_\_\_\_\_

Date: \_\_\_\_\_