



2019-2020
COVID-19 Application for Special Circumstance

 Student's Name

 Student's MSU Net ID

 9

 MSU ID (9 digit)

By submitting this form, you are indicating to the financial aid office at Mississippi State University that you and/or your family have been financially impacted by the COVID19 National Pandemic in some way. Below is a list of common reasons families have been affected.

***** Regularly check your Eligibility Requirements on your MSU myState and your MSU email address to see documents requested and/or if you need to submit additional documentation.**

Reason for Special Circumstance Appeal

Answer questions and provide documents as specified for the circumstance you are requesting us to consider.

1. Loss of wages due to furlough: (mandatory time off with no pay)

List the person(s) who experienced the loss:	Relationship to the student:
Did or will this person receive unemployment?	<input type="checkbox"/> Yes (provide copy of <u>Unemployment Benefit Statement</u>) <input type="checkbox"/> No
Document(s): <ul style="list-style-type: none"> Provide a signed, detailed letter from the employer, on company letterhead. (List when the furlough began, and the anticipated date furlough will end). Copy of your last pay stub from your job showing year to date gross wages. If the person effected is married, please include a copy of their spouse's most current pay stub showing year to date gross wages also. Copy of application for unemployment or unemployment benefits letter, if the person is receiving or is going to receive unemployment. 	

2. Loss of wages due to being laid off: (permanent or temporary job loss)

List the person(s) who experienced the loss:	Relationship to the student:
Did or will this person receive unemployment?	<input type="checkbox"/> Yes (provide copy of <u>Unemployment Benefit Statement</u>) <input type="checkbox"/> No
Document(s): <ul style="list-style-type: none"> Provide a signed, detailed letter from the employer, on company letterhead (list who experienced the loss, length of time the person was without pay, when the loss occurred, and any other relevant information and dates). Copy of your last pay stub from your job showing year to date gross wages. If the person effected is married, please include a copy of their spouse's most current pay stub showing year to date gross wages also. Copy of application for unemployment or unemployment benefits letter, if the person is receiving or is going to receive unemployment. 	

3. Loss of wages due to illness

List the person(s) who experienced the loss:	Relationship to the student:
When did this start?	Length of time wage were lost.
Document(s): <ul style="list-style-type: none"> Provide a typed, signed letter on letterhead from the employer. (list who experienced the loss, when the loss occurred, length of time the person was without pay, and any other relevant information and dates). Copy of your last pay stub from your job showing year to date gross wages. If the person effected is married, please include a copy of their spouse's most current pay stub showing year to date gross wages also. Copy of any additional supporting documentation. 	

4. Loss of wages due to reduction of pay

List the person(s) who experienced the reduction:	Relationship to the student:
When did this start?	Length of time wage were lost.
Document(s): <ul style="list-style-type: none"> Provide a typed, signed letter on letterhead from the employer. (list who experienced the reduction, when the reduced rate began, amount of reduction, amount before reduction and any other relevant information and dates). Copy of your last pay stub from your job showing year to date gross wages. If the person effected is married, please include a copy of their spouse's most current pay stub showing year to date gross wages also. Copy of any additional supporting documentation. 	

5. Other Circumstance (NOT RELATED to COVID19)

- Please use the original Special Circumstance Appeal form located on the Mississippi State Student Financial Aid Page.
- Link to Special Circumstance Appeal Form:
<https://www.sfa.msstate.edu/sites/www.sfa.msstate.edu/files/2021%20SPECIR.pdf>.

We know that these are unusual circumstances and sometimes it might be hard to obtain certain documents. We will work with each student the best we can but must have some type of documentation before we can consider adjusting your aid package.

Signature (Note: Signatures MUST BE HANDWRITTEN; electronic signatures will not be accepted.)

By signing this form, I certify that all the information on this form and any attachments are complete and accurate information to the best of my knowledge. **Warning: Purposefully giving false or misleading information may result in a fine, imprisonment, or both.**

Student Signature _____ **Date** _____
(Required)

Student's Spouse Signature _____ **Date** _____
(If student married, student's spouse's signature required.)

Parent Signature _____ **Date** _____
(Dependent students must also include parent signature)

(Note: Electronic signatures will not be accepted)