

# Special Circumstances Form 2020

## Alexander Kreiglowa Navy & Marine Corps Dependents Education Foundation Scholarship

(Please print all information clearly.)

### Application Information:

If you and your family have experienced unusual circumstances, complete this form to the best of your ability and provide the requested documentation with your package. We will review your information and take it into account under financial need. This is not an all inclusive list. If you have experienced a hardship that is not listed here, provide us with as much detail as possible on how the situation has affected you financially, either in terms of income loss or additional expenses. **Be sure to note the date.**

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Student's Name (Please Print)

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Parent's Name (Please Print)

### **1. Dependent Care Expenses:**

Name of Family Member	Age	Relationship to Student	Amount	Type of Expense

Please explain if these expenses will be lower, the same, or higher in 2020 and why:

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**Attach Required Documentation:**

2019 receipts for child care/dependent care expenses or signed itemized statement of expenses for 2019 and projected 2020 expenses.

**2. Unusual Medical and/or Dental Expenses:**

Amount paid for medical/dental insurance in 2019. **DO NOT** include employer’s contribution: \$ \_\_\_\_\_

Amount paid for medical/dental expenses in 2019. **NOT COVERED BY INSURANCE:** \$ \_\_\_\_\_

Will your non-reimbursed medical/dental expenses be lower, the same, or higher in 2020 and why?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attach Required Documentation:**

Signed 2019 Federal Income Tax Form (Schedule A – Itemized Deductions), or receipts of medical and dental payments from 2019. ***Please cross out/blacken social security numbers.***

Signature (below) of person for which medical information is being disclosed if over the age of 17.

I hereby authorize the use or disclosure of my individually identifiable health information to the Scholarship Committee of the San Diego Council of the Navy League as described in documentation that I have voluntarily submitted. This information, which will be held for a period of one year, is being disclosed to the Scholarship Committee for the sole purpose of documenting special circumstances. At any time, I have the right to revoke this authorization prior to its expiration date by notifying the Committee in writing, but the revocation will not have any affect on any actions the Scholarship Committee took before it received the revocation.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

**3. Income Reduction:**

If your income and/or your parent’s income will be less on your 2019 Federal Income Tax Return than it was on your 2018, check the appropriate reason and explain the situation below. Submit an income estimate for 2020 and the reason why.

- Unemployment or change in employment
- Divorce or separation

- Disability of student or parent
- Death of parent
- Natural Disaster
- Loss of untaxed income or benefit
- One-time income – inheritance, moving expense allowance, IRA or pension distribution

**EXPLANATION** of your situation, including dates of the change in your situation:

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**INCOME and Earnings on 2019 Tax Return and Estimate of TOTAL INCOME for 2020: (Please cross out/blacken social security numbers.)**

<b><u>Type of Income</u></b>	<b>Father 2019/20</b>	<b>Mother 2019/20</b>	<b>Student 2019/20</b>
Wages, salaries, tips, severance pay, unemployment, disability pay			
Other taxable income (rentals, pensions, etc. as reflected on your tax return)			
ADC/AFDC (Annual est.)			
Child support received (Annual est.)			
Other untaxed income (Social Security, housing, etc)			

If your parents are divorced or separated, give only the information of the custodial parent. If the loss of income was due to the death of your parent, give only the information of your surviving parent.

**Attach Required Documentation:**

Signed statements documenting estimated earnings or verification (2019) of actual Social Security, unemployment benefits, workers' compensation benefits, disability payments, or **signed** 2019 Federal Tax Return. *Please cross out/blacken social security numbers.*

**4. Unusual Debts:**

Use this section to address high debt payments that were a result of unusual circumstances, such as credit card debts to cover unemployment expenses or failed business; legal fees for divorce, adoption, etc; education loans of parents; or personal debts for non-discretionary expenses. Please do not include normal debt expenses such as a mortgage.

**List the type and purpose of the debt, total amount owed, and the amount of monthly payments:**

<u>Type or Cause of Debt</u>	<u>Original Debt</u>	<u>Amount Owed</u>	<u>Monthly Payment</u>

Please explain if these expenses will be lower, higher, or the same in 2020 and why.

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**Attach Required Documentation:**

Contract; billing or payment summary from the individual, company, or agency to which the money is owed.

**Certification:**

The information listed on this form is true and correct to the best of my/our knowledge. I understand that knowingly giving false information will result in a review of my eligibility for this scholarship award.

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Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

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Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

*Complete this form, including all necessary documentation and any additional forms or necessary notes, make a copy, and return all paperwork with your application.*

**Application Deadline:**

**April 17, 2020**

A complete application package must be submitted to the Navy League at the following address:

San Diego Council, Navy League of the United States  
2115 Park Boulevard  
San Diego, CA 92101  
Attn: Scholarship Committee

**\* Applications will not be considered complete or eligible if all supporting documents are not included in the package. Remember to make a copy of all paperwork for submission.**