

SPECIAL CIRCUMSTANCE APPLICATION Dependent Student for 2017-2018

According to federal laws and regulations, a family's 2015 income is used to assess financial need for the 2017-2018 school year. If a family's 2017 income is lower, due to special circumstances, a financial aid administrator may be able to use 2017 income to assess financial need. Your special circumstance application will be returned if all requested information outlined is not provided. Special circumstances, if accepted, may result in an increase in need-based loans, student employment, or in certain cases, additional grant assistance. *Turnaround time for special circumstance appeals is 2-4 weeks.*

STUDENT INFORMATION		
Last Name	First Name	Student or Star ID #
Phone Number	E-mail Address	
SECTION 1: CHANGE IN HOUSEHOLD SIZE that occurred after filling your FAFSA		
DEATH OF PARENT/GUARDIAN <input type="checkbox"/> Attach an IRS Tax Return Transcript of your Parents' 2016 Federal Income Tax Return, including W-2 statements for both parents, if not already provided. <input type="checkbox"/> Please provide a written statement indicating your parent's name and date of death.		
DIVORCE OR SEPARATION OF PARENTS <input type="checkbox"/> Attach an IRS Tax Return Transcript of your Parents' 2016 Federal Income Tax Return, including W-2 statements for both parents, if not already provided. If you have already provided parents' IRS tax return transcript, check this: <input type="checkbox"/> <input type="checkbox"/> Attach a copy of the divorce decree or proof of separation (e.g., court order, statement from attorney or clergy). <input type="checkbox"/> Attach a written statement identifying the custodial parent. Also, provide the names, ages, and the relationship of the family members that the custodial parent will support through June 30, 2018. <input type="checkbox"/> Indicate the amount the non-custodial parent will/has provide(d) toward your college costs at South Central College for 2017-2018 school year. \$ _____		
SECTION 2: EDUCATIONAL EXPENSES		
PRIVATE TUITION EXPENSES AT ELEMENTARY OR SECONDARY SCHOOL <input type="checkbox"/> Attach a copy of the 2016 or 2017 tuition statement, outlining costs and financial aid awarded, for each dependent child attending private elementary or secondary school (do not include expenses for the child who will be enrolling in college in 2017-2018). <input type="checkbox"/> If your parents are divorced or separated, and the non-custodial parent provides assistance toward the private tuition at the elementary or secondary school(s), provide a statement indicating the amount of assistance.		
PARENTS' PERSONAL COLLEGE LOAN PAYMENTS <input type="checkbox"/> Attach a written statement indicating the college loans your parents are repaying, and a copy of the billing statement or payment coupon. Include only the loans your parents have borrowed for their own educational expenses and the monthly amount due.		
PARENT ATTENDING COLLEGE IN 2017-2018 College costs can only be taken into consideration if the parent is enrolled at least half-time and in a program that leads to a degree or certificate. <input type="checkbox"/> Provide name of college parent (will) attend(s) <input type="checkbox"/> Provide proof of registration/admission from the college parent (will) attend(s). <input type="checkbox"/> Attach a tuition fee statement or a cost worksheet outlining the tuition/fees parent will be assessed in 2017-2018. <input type="checkbox"/> Indicate the amount your parent's employer will provide towards their college costs for the 2017-2018 school year. \$ _____ <input type="checkbox"/> If your parent is applying for financial aid or is receiving assistance from an agency (e.g. rehabilitation services, job partnership training act, veteran's benefits, etc.) please provide written documentation from the school and/or funding agency.		
SECTION 3: MEDICAL/DENTAL/DEPENDENT CARE EXPENSES not reimbursed or covered by insurance		
<input type="checkbox"/> Provide a signed statement itemizing 2016 or 2017 out-of-pocket medical, dental, or dependent care expenses you paid (not reimbursed by insurance or by employer's pre-tax cafeteria plan) for health/dental insurance premiums, doctor, hospital, medication, dependent care, nursing home expenses, etc. Please total all expenses after they are detailed. <input type="checkbox"/> Attach an IRS Tax Return Transcript of parents' 2016 Federal Income Tax Return, including Schedule A if you itemized deductions, if not already provided.		

Return by mail or fax:

Fax: (507) 389-7419

Faribault Campus
 South Central College
 Financial Aid Office
 1225 Third Street SW
 Faribault, MN 55021

OR

North Mankato Campus
 South Central College
 Financial Aid Office
 1920 Lee Boulevard
 North Mankato, MN 56003

SECTION 4: CHANGE IN INCOME

DISABILITY OF PARENT

- Attach a written statement from your parent’s physician outlining the disability and the probability of returning to work. Please include an estimated date of return, if applicable.
- If the disability is work related, provide documentation from your parent’s employer or government agency on availability and amount of worker’s compensation benefits and/or short-term or long-term disability insurance benefits for 2017.
- Attach a copy of each parents’ most recent paystub(s) from all employers. Please indicate on the paystub the length of the pay period (e.g., weekly, bi-weekly, monthly).
- Attach an IRS Tax Return Transcript of your parents’ 2016 Federal Income Tax Return, including W-2 statements for each parent.
- Complete the Parent Income Source Table below to ensure inclusion of all income sources.

PARENT UNEMPLOYED

- Attach a written statement indicating the date and reason your parent became unemployed.
- Attach a copy of each parents’ most recent paystub(s) from all employers. Please indicate on the paystub the length of the pay period (e.g., weekly, bi-weekly, monthly).
- Attach a copy of unemployment benefits your parent will receive from your state job service office.
- Attach an IRS Tax Return Transcript of your parents’ 2016 Federal Income Tax Return, including W-2 statements for each parent.
- Complete the Parent Income Source Table below to ensure inclusion of all income sources.

A BUSINESS OR FARM HAS CLOSED DUE TO BANKRUPTCY, FORECLOSURE, OR NATURAL DISASTER

- Attach a copy of the bankruptcy or foreclosure notice, if applicable.
- Attach a written statement outlining the particular circumstances surrounding this event. If the event was a natural disaster, please itemize the losses/damages that will not be covered by insurance or government assistance.
- Attach an IRS Tax Return Transcript of your parents’ 2016 Federal Income Tax Return, including W-2 statements for each parent.
- Complete the Parent Income Source Table below to ensure inclusion of all income sources.

REDUCTION IN EARNINGS OR LOSS OF OTHER INCOME

2017 income will be/is less than 2015 FAFSA income. This could include a reduction in earnings, loss of child support, loss of social security benefits, etc. In general, we do not consider changes in income due to loss of overtime, one-time bonuses, withdrawal from retirement accounts, or gambling winnings or losses.

- Attach a written statement outlining the amount of income that was lost or reduced, the date the change became effective and the reason for the loss of income.
- Attach a copy of your parents’ most recent paystub from all employers. Please indicate on the paystub the length of the pay period (e.g. weekly, bi-weekly, monthly).
- Attach an IRS Tax Return Transcript of your parents’ 2016 Federal Tax Return, including W-2 statements for each parent.
- Complete the Parent Income Source Table below to ensure inclusion of all income sources.

PARENT INCOME SOURCE TABLE

	Actual:	Estimated:	Total:
January 1, 2017 through December 31, 2017	1/1/17 to Today’s Date	Today’s Date to 12/31/17	Actual plus Estimated
Mother’s gross earnings from work (wages, salary, tips, etc.) *			
Father’s gross earnings from work (wages, salary, tips, etc.) *			
Business/Farm Income			
Interest/Dividend Income. Specify source and value: _____ \$ _____			
Unemployment Compensation			
Severance Pay			
Capital Gains			
Spousal Maintenance			
Child Support			
Taxable Social Security Benefits			
Worker’s Compensation			
Withdrawal from retirement account			
Other Income (pension, annuity, rental income, housing allowance, bonuses, etc.)			

*Attach most recent paystub(s) for you and your spouse when submitting your appeal.

SECTION 5: Sign this Worksheet

By signing this worksheet, I certify that all the information reported on this form is complete and correct. **WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**

Parent Signature **X** _____ Date _____