

SPECIAL CIRCUMSTANCE APPLICATION

Independent 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 significantly 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 SPOUSE <input type="checkbox"/> Attach an IRS Tax Return Transcript of your 2016 Federal Income Tax Return, including W-2 statements for both you and your spouse, if not already provided. If you have already provided your/spouse tax return, check this box: <input type="checkbox"/> <input type="checkbox"/> Please provide a written statement indicating date of death.		
DIVORCE OR SEPRATION OF STUDENT AND SPOUSE <input type="checkbox"/> Attach an IRS Tax Return Transcript of your 2016 Federal Income Tax Return, including W-2 statements for both you and your spouse, if not already provided. If you have already provided your/spouse's tax return, 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"/> If you have children, attach a written statement identifying the custodial parent. Also, provide the names, ages, and the relationship of any family members that the custodial parent will support through June 30, 2018. <input type="checkbox"/> Indicate the amount, if any, your former spouse 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 you are divorced 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.		
SPOUSE'S PERSONAL COLLEGE LOAN PAYMENTS <input type="checkbox"/> Attach a written statement indicating the college loans your spouse is repaying and a copy of your spouse's billing statement or payment coupon. Include only the loans your spouse has borrowed for his/her educational expenses and the monthly amount due. Be sure to total all loan payments after they are detailed.		
SECTION 3: MEDICAL/DENTAL/DEPENDENT CARE EXPENSES not reimbursed or covered by insurance		
<input type="checkbox"/> Provide a <i>signed</i> statement itemizing 2016 or 2017 out-of-pocket medical, dental, and 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 your 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 STUDENT/SPOUSE

- Attach a written statement from the attending 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/your spouse'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 your/your spouse's 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 2016 Federal Income Tax Return, **including** W-2 forms for you and your spouse (if applicable).
- Complete the **Student/Spouse Income Source Table** below to ensure inclusion of all income sources.

STUDENT/SPOUSE UNEMPLOYED

- Attach a written statement indicating the date and reason student and/or spouse became unemployed.
- Attach a copy of each of student and/or spouse's 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 student and/or spouse will receive from state job service office.
- Attach an IRS Tax Return Transcript of student and/or spouse's 2016 Federal Income Tax Return, including W-2 statements.
- Complete the **Student/Spouse 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 2016 Federal Income Tax Return, including W-2 forms for you and your spouse (if applicable).
- Complete the **Student/Spouse 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/your spouse's 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/your spouse's 2016 Federal Tax Return, including W-2 forms for you and your spouse (if applicable).
- Complete the **Student/Spouse Income Source Table** below to ensure inclusion of all income sources.

STUDENT/SPOUSE 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
Student's gross earnings from work (wages, salary, tips, etc.) *			
Spouse'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			
Short-term or Long-term Disability 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.**

Student Signature **X**

Date: