

Financial Aid Special Consideration Form

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This Spec	ial Consideration Form r	may be used by you and	your family to	report unusual ci	rcumstances not addres	sed on
		Federal Student Aid (FA				
		y College. These circum				
	when compared to the	income reported on t			rsely affect your current i	
due to ext	traordinary expenses. Be	efore the Financial Aid O		v the information	on this form, you must	
have prev	riously filed a	FAFSA and completed	the verification	n process if you	were selected and	
•	•	·				
PI	ease check the reason f	or your special consider	ntion request ar	nd attach the rec	juired documentation.	
PI	ease note the Financial	Aid Office reserves the r	ight to request	additional docur	mentation, if needed.	
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\Box :	\$ Unusual medical and/o	or dental expenses that v	vere incurred o	luring the tax ve	ar provided on the	
	FAFSA. Documentation				associated Schedule A	
		s and Explanation of Ber		r transcript and c	xooodiatod Contodato / t	
	aria, or modroal roodipa	o and Explanation of Bol				
	% Death, divorce, or se	paration has occurred si	nce the FAFSA	was filed. Docu	mentation needed: Copy	of
		vorce/separation decree		IRS Tax Return		2(s).
	dodin continuate of di	voice/coparation accide	оору от	no rax notam	Transonpt, and	_(0).
	& Loss of unemployme	ent compensation. Docu	mentation need	ded: Letter from ι	unemployment office stat	tina
_	start/end dates and b		IRS Tax Retur		, , , , , , , , , , , , , , , , , , , ,	3
		,				
☐ ' Loss of child support. Documentation needed: Letter or court document stating start/end date						hild
	support amount.					
	(Loss of Worker's Co.	mpensation benefits. Do	cumentation ne	eded: Letter from	m Bureau of Worker's	
	•	g start/end dates and ber		700001 _011010.		
_	Compondation stating	g eta. v et la datee and be.	ioni arrioaria			
) Loss of income pare	nt and/or student (spous	e if annlicable) from work due:	to layoff, closing of	
		n, or reduction in employ				
	A copy of the				RS including all schedule	e and
		ents for these tax years.	an Netuili IIali	South Hour file IL	to moluting all scriedule	o anu
		•	nonting offoctiv	o datas and sav	orango vacation narcar	al and
	- Letter HOIII	previous employer docur	nening enectiv	e dates and sevi	crance, vacation, person	ıaı allu

Letter from unemployment office documenting effective dates and benefits received.

sick leave pay out.

Copy of final pay stub from previous job.

- Copy of most recent pay stub from current job, if applicable
- Documentation of any other income received during the calendar year
- 2. Please explain in detail the reason(s) for your request for special consideration and the details of your