



Special Circumstances Application 2008 - 2009

The process of determining a student's eligibility for federal student aid is basically the same for all applicants. However, in some cases, your expected family contribution can be adjusted due to extenuating circumstances. Possible circumstances may include: unusual medical or dental expenses (expenses exceeding 11% of adjusted gross income); tuition expenses for dependent children attending a private elementary or secondary institution; unemployment or reduction in work income; or daycare expenses for a child or other dependent family member. There must be good reason for the financial aid administrator to make an adjustment, and adequate proof must be submitted to support any adjustments made. The financial aid administrator's decision is final and cannot be appealed to the U.S. Department of Education. *

Before considering a Special Circumstances application, your financial aid administrator must review the results from your Free Application for Federal Student Aid (FAFSA). Please submit the FAFSA, then, after the results are returned to you, submit this application.

Please provide all information requested by this form and any other documentation you feel supports your application. By providing all information at the onset, a decision can be made in a timely manner. In some situations, the Financial Aid Office may request further documentation and your application will be delayed until that information is provided. **You must calculate and total all figures in order for your application to be reviewed.** An incomplete application will be returned for completion before any decision is made.

BE AWARE THAT THIS APPLICATION MAY DELAY THE PROCESSING OF YOUR FINANCIAL AID FOR AN ADDITIONAL 2- 3 WEEKS

Required documents:

- Copy of 2007 Federal tax returns (student and spouse or parent)
- Brief explanation of extenuating circumstances
- 2008-2009 Verification Worksheet

Additional documentation as related to your case:

- Copy of 2007 1099(s)
- Copy of last or most recent pay stubs
- Copy of divorce decree or notarized letter of separation
- Copy of custody papers
- Copy of receipts and a page summarizing all the charges and amounts paid to date
- Verification of disability income or benefits
- Itemized and totaled statement of medical expenses *not* paid by insurance
- Letter of dismissal from ex-employer
- Proof of one-time income (if not on federal tax return)
- Verification of social security income or benefits
- Verification of unemployment benefits
- Verification of Veteran's benefits
- 2007 W-2 forms or verification of end-of-year income
- Schedule A of the 2007 federal tax return required for most medical expense related applications

* See the 2008-2009 Funding Education Beyond High School- The Guide to Federal Student Aid, page 5.

Student's Name: _____ SS# _____

1. **Income earned in 2007 does not accurately reflect the student's and spouse's or parents' expected income for 2008 for one or more of the following reasons:**
 (mark all that apply)

Independent Student

- a.* Loss of employment or change in employment status for student/spouse. Send copy of last pay stub(s) and letter of dismissal, letter of resignation, or reduction in salary notification
- b.* Death of spouse - send copy of the death certificate
- c.* Divorce/separation - send copy of divorce decree or notarized letter of separation
- d.* Disability of student or spouse
- e.* Loss or reduction of untaxed income/benefits (specify type _____)
- f. One-time income (i.e. inheritance, sale proceeds)
- g. Medical/dental bills or disability related expenses which **exceed 11% of adjusted gross income-** send copy of bills and a page summarizing all the charges.
- h. Other unusual debt or expense
- i.* Reduction or loss of child support - send copy of court order
- j. Private elementary/secondary school expense - send copy of tuition bill for each child
- k. Childcare expense or adult dependent care expense

Dependent Student

- l.* Parents' loss of employment or change in employment status - send copy of last pay stub(s)
- m.* Death of parent - send a copy of the death certificate
- n.* Parents' divorce/separation - send copy of divorce decree or notarized letter of separation
- o.* Disability of parent
- p.* Parents' loss or reduction of untaxed income/benefits (specify type _____)
- q. One-time income (i.e. inheritance, sale proceeds)
- r. Medical/dental bills or disability related expenses which **exceed 11% of adjusted gross income** send copy of bills and a page summarizing all the charges.
- s. Other unusual debt or expense
- t.* Reduction or loss of child support - send copy of court order
- u. Sibling(s) private elementary/secondary school expense - send copy of tuition bill for each child
- v. Sibling child care expense or adult dependent care expense

2. **Complete the following for dates Jan. 1 - Dec. 31, 2008 for any * item above (i.e., a*, b*, etc.)**
This form will be returned if the columns are not totaled.

INCOME**	Student	Spouse	Mother	Father
Year-to-date wages, salaries, tips (include severance pay, disability payments, etc.) Provide check stub(s).				
Estimated wages, salaries, tips (include severance pay, disability payments, etc.) <u>for the remainder of the year.</u>				
Other <u>taxable</u> income (i.e., business, unemployment, worker's compensation).				
<u>Untaxed</u> Social Security benefits				
Aid to Families with Dependent Children (AFDC) or Transitional Employment Assistance (TEA)				
Child Support received for all children				
Other <u>untaxed</u> income				
TOTAL INCOME				

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

3. If **1-f** or **1-g** is marked, identify the source of income and explain how the funds were spent or invested. If more space is necessary, please attach a separate sheet. Provide documentation.

4. If **1-g** or **1-r** is marked, what are the total expenses not paid by insurance? \$ _____

Please send a copy of all the bills and a page summarizing all doctor/hospital's charges.

How much have you paid for your medical/dental insurance to date? \$ _____

Send Schedule A from your 1040 form or documentation of actual expenses

5. If **1-h** or **1-s** is marked, and you have unusual debts or loans for which monthly payments are currently being made, please provide the following information: (debts may include, but are not limited to: second mortgages or credit card debt incurred to cover unemployment expenses or failed business expenses; multiple mortgage due to the failure to sell a previous residence; legal fees for divorce, adoption, etc.; or education loan payments of parent(s) or spouse).

Type and cause of debt: _____

Amount of original debt \$ _____ Holder of debt or loan: _____

Date incurred: _____ Final payment date: _____ Balance owed \$ _____

Send copy of the contract, mortgage, lien, billing summary and/or payment summary with documentation or payments made between January 1, 2008 and December 31, 2008.

6. If **1-j** or **1-u** is marked, list child(ren) for whom elementary/secondary tuition was paid in 2008:

(Spring 2008 and Fall 2008): _____

How much is the total expense \$ _____ **Provide copy of tuition bills for each child.**

7. If **1-k** or **1-v** is marked, list dependent (s) for whom care is paid: _____

How much is the expense per month? _____ **Provide copy of bill or receipt for payment.**

For how many months between August 2008 and May 2009 will you pay dependent care? _____

APPLICANT CERTIFICATION:

I certify that all of the information on this form and any attached, supporting documents, is true, complete, and accurate to the best of my knowledge. I further understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of any financial aid received, and may subject me to a fine, imprisonment, or both, under provisions of the United States Criminal Code. By signing, I certify that I understand that the Financial Aid Office's decision is final for the 2008-2009 academic year.

Student's Signature _____ Date _____ Daytime Phone Number _____

Spouse/Parent Signature _____ Date _____ Daytime Phone Number _____

You will be notified, by letter, in a timely manner as to the outcome of the Financial Aid Office's decision.

Return to:
Williams Baptist College
Office of Financial Aid
P.O. Box 3734
Walnut Ridge, AR 72476

Office use only	
Approved <input type="checkbox"/>	FAA: _____
Denied <input type="checkbox"/>	Date: _____
Notes:	