

2020-21 Student Special Consideration Form

Instructions for Student:

The formula used to determine eligibility for federal financial aid is based in part on your **2018** income. If you (or your spouse) have experienced a significant reduction in your **2019 or 2020** income, you may request a review of your financial aid file. All requests for further consideration must be fully documented. Priority will be given to students who experience drastic changes in their circumstances. All requests will be reviewed by the Financial Aid Office and the acceptance or denial of this request will be sent under separate cover **within 3 weeks from the date this form is received.**

Student Name: _____ SS# or ID: _____

Reduction in income occurred in (check one): ___ **2019** ___ **2020**

Actual date of change: _____

Reason for reduction: _____

- For a reduction in **2019**, attach a signed, photo-copy of your **2019** Federal Income Tax Return.
- For a reduction in **2020**, complete the section below and list the amounts of **all income actually received and all income anticipated to be received** from January 1, 2020 through December 31, 2020. **Add the actual and anticipated amounts together. Do not list weekly or monthly amounts.** Attach copies of most recent pay stubs or other documentation to support your calculations to this form and return to the Financial Aid Office.

TAXABLE INCOME	STUDENT	SPOUSE
Wages, Salaries, Tips, etc.		
Interest and Dividend Income		
Alimony		
Business Income or Loss		
Capital Gain or Loss		
Taxable IRA's, Pensions, etc.		
Rental Income, Royalties, etc.		
Unemployment Compensation		
Other Taxable Income:		
NONTAXABLE INCOME		
Social Security Benefits		
Untaxed Portion of Pension/Annuity		
Retirement/Disability Benefits		
Workers' Compensation		
Child Support		
Public Assistance		
Other Untaxed Income:		

This form must be returned with either a copy of the 2019 Federal Income Tax Return or be completed with your total actual and anticipated 2020 income. Incomplete forms will be returned for completion.

I certify that the above information is correct and complete to the best of my knowledge. I agree to provide additional documentation, if requested.

Student Signature: _____ Date: _____