

Muskingum University
Student Financial Services
 260 Stadium Drive, New Concord, OH 43762

SPECIAL CONDITIONS FORM 2024-2025 ACADEMIC YEAR

Student's Name _____ Date of Birth _____

Muskingum University recognizes that some students and their families have special circumstances which may affect their ability to contribute to college expenses. Please fully complete the section(s) for which you are requesting special consideration and provide the requested documentation. Your special conditions request may result in additional grants and/or loans.

Section 1: Total Income

From all sources (taxed and untaxed) in 2024 will be less than total income received in 2022

	Student				Parent		
	Actual 2022	Actual 2023	Projected 2024		Actual 2022	Actual 2023	Projected 2024
Taxable Income:							
Adjusted Gross Income							
Wages				Parent 1: Parent 2:	Parent 1: Parent 2:	Parent 1: Parent 2:	
Interest/Dividend							
Retirement							
Unemployment							
Business/Farm							
Capital Gain							
Other:							
Untaxed Income:	Actual 2022	Actual 2023	Projected 2024		Actual 2022	Actual 2023	Projected 2024
Child Support							
Payments to IRA & other Pre-tax plans							
Other:							

Explanation: Provide a brief explanation of the reason(s) for any expected change in student or parent income (attach additional letter, if necessary).

Section 2: Unusual Medical/Dental Expenses

Indicate the total amount of medical/dental expenses you expect to pay in 2024 that are not covered by insurance. Totals may include insurance premiums paid by the student or parents.

_____ Projected amount to be paid in 2024

Additional documentation to include: copy of payment plans or agreements, insurance statements. Provide an explanation of unusual medical/dental expenses here:

Section 3: Tuition Expenses for Siblings or Parents or Educational Loans for Siblings (in parent's name)

(A) Enter the total out of pocket amount of elementary or secondary school (not college) tuition expenses for siblings of the aid applicant and/or college tuition expenses of parents who are taking college courses which will be paid during the 2024-2025 academic year

(B) Enter the monthly amount of educational loan expenses that a parent borrowed in their name (not in sibling's name) which will be paid by the parent during the 2024-2025 academic year. Do not include expenses to be covered by scholarships or financial aid or employee tuition benefits.

(A)

Sibling or Parent Name	School	Total for 2024-2025

(B)

Loan Name or Type	School	Monthly Payment Amount

Additional documentation to include: enrollment verification, tuition bill, loan statement.

Certification Statement

By signing below, I certify that all the information on this form is true and complete to the best of my knowledge.

Student Signature _____ Date _____

Parent 1 Signature _____ Date _____

Parent 2 Signature _____ Date _____

If you have questions about completing this form, please contact Student Financial Services at 740-826-8139. Return the completed form to the Student Financial Services office or fax to 740-826-8196