

Muskingum College

Office of Student Financial Services

Special Conditions and Circumstances Form

2006-2007 Academic Year

Student's Name _____ Social Security Number _____

Muskingum College recognizes that some students and their families have special circumstances which may affect their ability to contribute to college expenses. The information provided on the Free Application for Federal Student Aid (FAFSA) is used to determine the initial family contribution level, but personnel in the Office of Student Financial Services may choose to exercise professional judgement in cases where the FAFSA information alone does not provide a complete assessment of the family's ability to pay. If you believe the information on the FAFSA does not accurately reflect your family's financial situation, or if you or your family have experienced a change in circumstances since you filed the FAFSA, please complete the appropriate sections of this form and provide the requested documentation.

Please indicate the special circumstance or condition for which you are requesting special consideration by Muskingum College.

- There has been a reduction of one of the following sources of income from the base year (2005) to this year (2006) - check appropriate item. **Complete Section 1.**
- | | Student | Parents |
|------------------------------------|--------------------------|--------------------------|
| • loss of wages earned | <input type="checkbox"/> | <input type="checkbox"/> |
| • loss of unemployment benefits | <input type="checkbox"/> | <input type="checkbox"/> |
| • loss of Social Security benefits | <input type="checkbox"/> | <input type="checkbox"/> |
| • loss of child support | <input type="checkbox"/> | <input type="checkbox"/> |
- There has been a change in family status including recent divorce, separation, death or disability. **Complete Sections 1 and 2.**
- Your family has experienced unusually high medical/dental expenses, that were PAID either in 2005 or 2006. **Complete Section 3.**
- Your family PAID elementary or secondary educational expenses or PAID educational loans (in parents name) for siblings of the aid applicant in 2005 or 2006. **Complete Section 4.**
- A parent will be enrolled in college on at least a half-time basis in a program leading to a degree or certificate during the 2006-2007 academic year. **Complete Section 4.**
- If your family has experienced other extenuating circumstances, provide a written explanation and supporting documentation for consideration.

Section 1 - Reduction of Taxable or Untaxed Income from 2005 to 2006

Total income to be received from all sources in 2006 will be less than total income received in 2005 for:

Student applicant and/or student's spouse (if applicable) No Yes
 Parents No Yes

	Student			Parent	
Taxable Income:	Actual 2005	Projected 2006		Actual 2005	Projected 2006
Adjusted Gross Income (AGI)					
Wages	Student: Spouse:			Father: Mother:	
Interest/Dividend					
Retirement					
Unemployment					
Business/Farm					
Capital Gain					
Other					
Untaxed Income: (not part of AGI)	Actual 2005	Projected 2006		Actual 2005	Projected 2006
Social Security					
Child Support					
Payments to IRA & other Pre-tax plans					
Other (Earned Income Credit, Workers Comp, etc.)					

Explanation: Provide a full explanation of the reason(s) for any expected change in 2006 student or parent income. Include official documentation demonstrating how or when income changed. Documentation may include letters from employers, benefit statements from agencies, legal documents such as divorce decrees, etc.

Section 2 - Change in Family Status

Indicate the change in family status which has occurred since you filed the FAFSA.

- Divorce
- Marital separation - living at separate addresses
- Death
- Disability

Indicate the date that this change in family status occurred: _____. Please include additional documentation including: copy of divorce decree, death certificate, legal or medical records, etc. Provide additional comments regarding the change in family status here:

Section 3 - Unusual Medical/Dental Expenses

Indicate the total amount of medical/dental expenses you paid in 2005 or expect to pay in 2006 that are not covered by insurance. Totals may include insurance premiums paid by the student or parents. To be considered “unusual” expenses should exceed 7.5% of total income.

_____ Actual amounts paid in 2005 by the student or parents (check one)
 _____ Projected amounts to be paid in 2006

Please include additional documentation including: IRS Schedule A (2005 itemized deductions), copy of payment plans or agreements, copies of charges and insurance coverage statements. Provide an explanation of unusual medical/dental expenses here:

Section 4 - Tuition Expenses for Siblings or Parents or Educational Loans for Siblings (in parents name)

Complete the table below for sibling and/or parent tuition/loan expenses. Enter the total amount of elementary or secondary school tuition expenses for siblings of the aid applicant, and college tuition/loan expenses of parents, which will be paid by the family in the 2006-2007 academic year. **Do not include those expenses to be covered by scholarships or financial aid, or employee tuition benefits.** Please include additional documentation such as: enrollment verification, statement of direct educational expenses (i.e. bill listing out-of-pocket expenses), loan statement.

Name of Student	Age	Relationship	School	Grade/Program	Tuition/Loan \$ Paid

Certification Statement

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

Student Signature _____ Date _____

Spouse Signature (if applicable) _____ Date _____

Father/Stepfather Signature _____ Date _____

Mother/Stepmother Signature _____ Date _____

Return this form, along with signed copies of student and parent 2005 federal income tax returns (IRS 1040, 1040-A, 1040-EZ) to:

Office of Student Financial Services
Muskingum College
163 Stormont Street
New Concord, OH 43762

Office Use Only

	S	P
AGI	_____	_____
TXPD	_____	_____
W	ST _____	F _____
	SP _____	M _____
O	_____	_____
WKA	_____	_____
WKB	_____	_____
WKC	_____	_____
