

Request for Special Consideration
Unique Family/Financial Circumstances
2009-2010 Award Year

Montreat College Financial Aid Office
PO Box 1267 Montreat, NC 28757
www.montreat.edu
Toll-free:800-545-4656
Phone:828-669-8012ext.3799
Fax: 828-669-0120

Name: _____

Note: A processed FAFSA and completed paperwork must be on file before consideration of unique circumstances. Supporting documentation is required in most cases.

Divorce/separation of student or parent (attach other documentation if applicable and complete the loss of income section on the reverse side of the form).

Who is divorced/separated? _____

When did this take place? _____

With whom do you live? _____

How many members are in the household now? _____

Death of spouse or parent (complete the loss of income section on the reverse side of this form).

Name of deceased: _____

Relationship to you: _____

Date of death: _____

Cause of death: _____

Parent(s) in College in 2008-2009 (official documentation must be submitted)

Name of parent enrolled: _____

Is college Degree candidate? Yes No _____

Name of College or University Enrolled at least 6 hours per semester? _____

What is annual cost to the parent? \$ _____

Amount reimbursed by employer? \$ _____

Partial support for someone who does not live in your home (attach a separate sheet if necessary)

For whom? _____

What is the annual value of this support? \$ _____

What kind of support do you provide? _____

Elementary and secondary education and dependent care expenses (for independent student/spouse and parents of dependent student –supporting documentation required).

Did you pay for elementary or secondary expenses or dependent care expenses?

Yes No

Family member: Amount: \$ _____

Will these expenses be the same, lower, or higher in 2009? Why? _____

From what source will you finance these expenses? _____

**Fax this form and your taxes to: 828 – 669 – 0120
Attention: Financial Aid Office**

Loss of income/benefits – student and/or parent _____

NOTE: If expected 2009 yearly wage estimates are the basis of financial aid increase, December 2008 documentation may be required when income figures are finalized for the year.

If the estimated 2009 income is lower than the actual income, the Financial Aid Office reserves the right to revise the package. Expected reduced income should be estimated realistically and honestly.

Loss of Income: Whose? _____

When? _____

Change of Employment: Who? _____

When? _____

Why? (attach a separate sheet if necessary) _____

Loss of benefit: What benefit? _____

Demonstrate how your family income has changed to the best of your ability. Complete ALL categories that pertain to your situation in both current (as reported on FAFSA) and expected year.

Income Source 2008 Annual Income Expected 2009 Annual Income

Income

Student wages

Student's spouse wages

Mother/Stepmother wages

Father/Stepfather wages

Child Support

Student Social Security Benefit

Parent Social Security Benefit

Unemployment Compensation

Severance Pay

Disability Benefits

Clergy or Military Housing Benefit

Pension

IRA distribution

Other

Income: Student wages Student's spouse wages Child support

Extraordinary medical bills based on 2008 year (in excess of 7% of total annual income)

\$ Annual cost of insurance premiums _____

\$ Annual amount paid for doctors, prescriptions, etc. not reimbursed by insurance _____

\$ Estimated expense of other costs related to medical conditions _____

Please fax your signed 2008 tax forms to our office with this form. These are needed in the verification process for the Special Consideration.

Explain: Attach separate explanation.

Other (other situations as a basis of appeal must be explained on a separate sheet)

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

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