

**Request for Special Consideration
Unique Family/Financial Circumstances
2007-2008 Award Year**

Montreat College
P.O. Box 1267
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Financial Aid Office
Phone: 828-669-8012
1-800-545-4656
Fax: 828-669-0120

A processed FAFSA and completed financial aid paperwork must be on file before consideration of unique circumstances. Supporting documentation is required in most cases. Signed 2006 tax forms for parent and student must be submitted in all cases.

Student Name _____ Social Security Number _____

Reason for request:

____ Divorce/separation of student or parent:

Who is divorced/separated? _____ Since Month/Year _____

With whom do you live? _____ Current # Family Members _____

Complete income section; attach documentation.

____ Death of spouse/parent:

Name of deceased person _____

Relationship to you _____ Date of death _____

Complete income section; attach documentation.

____ Loss of income/benefit for student/parent:

Whose income ceased or decreased? _____

When did this take place? _____ Why did this take place? _____

What benefit was lost or decreased? _____

When was the benefit lost? _____ Why was the benefit lost? _____

Complete income section; attach documentation of lost wages/benefits.

____ Extraordinary medical bills during 2006 (in excess of 7% of total annual income):

Annual cost of insurance premiums \$ _____

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

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

Attach documentation of premiums, costs not covered by insurance.

Other request: (Situations other than those mentioned above may be submitted for consideration with appropriate documentation. These will be considered by the Financial Aid Appeals Committee; decisions are final.)

Demonstrate how your family income has changed to the best of your ability. ALL relevant information must be included for 2006, as reported on your FAFSA, as well as figures expected for the 2007 year. Incomplete forms will not be considered.

Income Source	2006 Annual Income	Expected 2007 Income
Student wages		
Student spouse's wages		
Mother/stepmother wages		
Father/stepfather wages		
Child Support		
Student Social Security benefit		
Parent Social Security benefit		
Unemployment Compensation		
Severance Pay		
Disability benefit		
Clergy/military housing benefit		
Pension		
IRA distribution		
Other		
Total		

My signature below indicates that all information on this form is true and accurate. If expected 2007 yearly wage estimates are the basis of a professional judgment, and those estimates result in a financial aid increase, I may be asked to provide 2007 documentation when it is available at the end of the year. If the expected figures are 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.

Student Name Printed Student Signature Date

Parent Name Printed Parent Signature Date

Mail or fax this form along with all requested documentation to the attention of the Financial Aid Director for consideration. You will be notified of the outcome as soon as possible.

Daytime phone number and email address _____
