



2009-2010 FINANCIAL AID SPECIAL CONDITION FORM

Name: _____

ID #: _____

Address: _____

Phone #: _____

I am seeking a degree at: MSU Great Falls College of Technology
_____ Great Falls Campus _____ Bozeman Campus

This form is to assist you in requesting a review of your financial aid eligibility because of changes in financial circumstances not addressed on your original financial aid application, which may limit the ability of you and/or your parents to contribute toward your 2009-2010 educational expenses. **Please be aware that approval of a special condition may limit a student's ability to qualify for a special condition in future academic years at MSU – Great Falls College of Technology.**

Please review the "Special Conditions" in Section I. If you and/or your parents meet one or more of the special conditions, check the appropriate box(es), complete the certification statement below and other relevant sections of this form, and attach any documents and/or information requested in Section I, Column III. **Return this form, plus attachments, to the Financial Aid Office.**

IMPORTANT: All attachments (letters of explanation, etc.) must be dated, signed, and reflect the name and social security number or student id number of the student. Please allow a minimum of 2-4 weeks for processing of this special condition form. Upon review of this application and documentation, the Financial Aid Administrator may request additional information before reaching a decision.

The Information provided on this form is for (please check one):

_____ **Parent Special Condition** – Please complete all appropriate sections. Parents must attach a signed copy of their 2008 Federal Income Tax Return, including all schedules, if not previously submitted.

_____ **Student Special Condition** – Please complete all the appropriate sections. Students must attach a signed copy of their 2008 Federal Income Tax Return, including all schedules, if not previously submitted.

CERTIFICATION

All of the information provided by me, or any other person, is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that underestimating projected income could result in reduced eligibility, repayment of aid, or both. I further understand that purposely giving false or misleading information may subject me to fines or other penalties.

Student's Signature

Date

Parent's Signature (if parent special condition)

Date

SECTION 1: Please check the circumstance which applies and provide the additional information that is requested for each situation. The requested documentation must be attached to this form when returned to the Financial Aid Office.

| SPECIAL CONDITION | PARENT | STUDENT | DOCUMENTATION |
|---|---|--|--|
| | Column I | Column II | Column III |
| A. Loss of employment | <input type="checkbox"/> A parent who earned money in 2008 has lost his/her job for at least 10 weeks in 2009. | <input type="checkbox"/> You worked full-time (at least 35 hours a week) for at least 30 weeks in 2008, but you are not working full time now. OR Your spouse earned money in 2008 but has lost his/her job for at least 10 weeks in 2009. | On a separate sheet of paper, specify: 1. Date employment was terminated; 2. Dates of full-time employment during 2008 and 2009; 3. Reasons for loss of employment; 4. Name, address, telephone number of employer(s). 5. Copy of last pay stub with YTD information |
| B. Loss or reduction of income of benefits | <input type="checkbox"/> A parent who received income or benefits in 2008 had this income/benefit reduced or terminated during 2009 (e.g. Social Security, child support, disability, or unemployment benefits, etc.). | <input type="checkbox"/> You (or your spouse) received income or benefits in 2008, but had this income/benefit reduced or terminated during 2009 (e.g. Social Security, child support, disability or unemployment benefits, etc.). | On a separate sheet of paper, specify: 1. Type of income or benefit; 2. Amount received during 2008; 3. Reasons for termination or reduction. |
| C. Separation or divorce | <input type="checkbox"/> Parents have separated or divorced after you applied for federal student aid. | <input type="checkbox"/> You and your spouse have separated or divorced after you applied for federal student aid. | 1. Date of separation or divorce: _____/_____/_____ 2. Attach copy of legal separation or divorce agreement or letter documenting legal proceedings have begun relative to the separation/divorce. |
| D. Death | <input type="checkbox"/> A parent has died after you applied for federal student aid. | <input type="checkbox"/> Your spouse has died after you applied for federal student aid. | 1. Name of deceased and relationship to student; 2. Attach copy of death certificate, obituary notice or printed memorial program. |
| E. Liquidation/foreclosure | <input type="checkbox"/> A parent has filed bankruptcy or gone through foreclosure after you applied for financial aid. | <input type="checkbox"/> You have filed for bankruptcy or gone through foreclosure after you applied for financial aid. | Provide details on a separate sheet of paper. Official documentation of bankruptcy/foreclosure must also be provided. |
| F. Unusual debt or expenses | <input type="checkbox"/> A parent incurred unusual debt or expense during 2008 and/or 2009 that has created financial hardship. (e.g. medical, dental, support of non-family member, elementary/secondary school tuition, dependent care, etc.) | <input type="checkbox"/> Student/spouse incurred unusual debt or expense during 2008 and/or 2009 that has created financial hardship. (e.g., medical, dental, support of non-family member, elementary/secondary school tuition, dependent care, etc.) | On a separate sheet of paper, specify: 1. Description of debt or expense; 2. Total amount of debt or expense; 3. Explanation of hardship. IMPORTANT: Documents supporting this expense or debt must accompany this form. |
| G. Parent attending college at least half-time | <input type="checkbox"/> Because of layoff or required retraining to obtain employment: A parent/step-parent in the student's household is degree-seeking at least half-time at a post secondary institution | | Please explain in section V the reason that the parent/step-parent must attend college for employment purposes. Attach a copy of enrollment verification for the parent/step-parent. |
| H. Other | <input type="checkbox"/> A parent has a situation you would like to have reviewed by a Financial Aid Administrator. Please explain the situation in Section V. Attach additional pages if necessary. | <input type="checkbox"/> You have a situation you would like to have reviewed by a Financial Aid Administrator. Please explain the situation in Section V. Attach additional pages if necessary. | Please be as specific as possible in describing any change(s) in financial circumstances and explain how it has affected the ability of you and/or your parents to contribute to your education. |

SECTION II – STUDENT SPECIAL CONDITION: Please provide income projections for the student/spouse for the time periods indicated. Include all income already earned or received as well as what is expected to be earned or received. Do not report Federal Work Study or Montana Work Study earnings. Refer to your original Free Application for Federal Student Aid (FAFSA) for instructions on types of income and assets to include.

DO NOT LEAVE ANY LINE ON THIS PAGE BLANK

1. **Student's actual and expected 2009 income earned from work or unemployment:**
 - A. January through May 2009 \$ _____
 - B. June through August 2009 \$ _____
 - C. September through December 2009 \$ _____
 - Total A, B, and C** \$ _____

2. **Student's actual and expected 2009 income from other resources:**
(e.g., interest, worker's compensation, child support, disability, AFDC, TANF, etc.)
 - A. January through May 2009 \$ _____
 - B. June through August 2009 \$ _____
 - C. September through December 2009 \$ _____
 - Total A, B, C** \$ _____

3. **Student's 2009 Veteran Benefits (September 2009 through May 2010):**
 Monthly amount of veteran benefits (educational, disability, etc.) \$ _____
 Number of months these benefits will be received _____ Months

4. **Spouse's actual and expected 2009 income from ALL sources:**
(e.g. work, interest income, child support, unemployment, etc.)
 - A. January through May 2009 \$ _____
 - B. June through August 2009 \$ _____
 - C. September through December 2009 \$ _____
 - Total A, B, and C** \$ _____

5. **Student (and spouse) asset information:**
 - A. Cash, savings, and checking account balance as of today \$ _____
 - B. Value of other real estate/investments (describe _____)
_____) \$ _____
 - C. Debt against other real estate/investment \$ _____

SECTION III – PARENT SPECIAL CONDITION: Please provide income projections for the time periods indicated. Report the gross amount before taxes for each income source. Include all income already earned or received as well as what is expected to be earned or received. Refer to your original Free Application for Federal Student Aid (FAFSA) for instructions on types of income and assets to include.

1. **Parents' actual and expected 2009 income (January through December 2009):**
 - A. Father's income from work \$ _____
 - B. Mother's income from work \$ _____
 - C. Other taxable income (describe _____) \$ _____
 - D. Other non-taxable income (describe _____)
_____) \$ _____
 - (e.g. Worker's Compensation, Social Security, child support, pensions, annuities, AFDC, TANF, disability benefits, etc.)**
 - Total A, B, C, and D** \$ _____

2. **Parents' asset information:**
 - A. Cash, savings, and checking balance as of today \$ _____
 - B. Value of other real estate/investments (describe _____) \$ _____
 - C. Debt owed against other real estate/investment \$ _____

PLEASE COMPLETE THE BACK PAGE

SECTION IV – HOUSEHOLD INFORMATION: (All student/parents complete this section.) List your family members and the college they will be attending. For dependent students, list yourself, your parents, and your parents' other dependent children, as well as any other person who lives with your parents and is dependent on them. If you are an independent student, list yourself, your spouse, and any children for whom you provide more than half of their support.

| Name | Age | Relationship to you, the student | Attending what college and where |
|------|-----|----------------------------------|----------------------------------|
| 1. | | STUDENT | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |

Add a list if more than six members.

SECTION V – PERSONAL STATEMENT: Please provide information regarding your special circumstances. Attach additional pages if necessary. (REQUIRED)

Return this form along with required documentation to:

Financial Aid Office
 MSU-Great Falls COT; 2100 16th Ave South; Great Falls, MT; 59405
 [406]771-4334 [800]446-2698 Fax [406]771-4410
finaid@msugf.edu www.msugf.edu
