



## 2016-2017 Special Condition Form

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

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 2016-2017 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 Great Falls College MSU.**

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 all other 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 student ID number of the student. Please allow a minimum of 4-6 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 copy of their 2015 Federal Tax Transcript, if not previously submitted.

\_\_\_\_\_ **Student Special Condition** – Please complete all the appropriate sections. Students must attach a copy of their 2015 Federal Tax Transcript, 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 ONE – Identifying Special Condition

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
<b>A. Loss or significant reduction of earnings</b>	<input type="checkbox"/> A parent who earned money in 2015 has lost his/her job for at least 10 weeks.  <input type="checkbox"/> A parent who earned money in 2015 has a change in employment resulting a significant reduction in earned income.	<input type="checkbox"/> You or your spouse earned money in 2015 and have lost the job for at least 10 weeks.  <input type="checkbox"/> Your or your spouse earned money in 2015 and have had a change in employment resulting in a significant reduction in earned income.	On a separate sheet of paper, specify: <ol style="list-style-type: none"> <li>1. Date employment was terminated/changed;</li> <li>2. Dates of employment during 2015 <b>and</b> 2016;</li> <li>3. Reasons for loss or change of employment;</li> <li>4. Name, address, telephone number of employer(s),</li> <li>5. Copy of last pay stub(s) with YTD information.</li> </ol>
<b>B. Loss or reduction of income or benefits</b>	<input type="checkbox"/> A parent who received income or benefits in 2015 had this income/benefit reduced or terminated during 2016 (e.g., Social Security, child support, disability, or unemployment benefits, etc.).	<input type="checkbox"/> You (or your spouse) received income or benefits in 2015, but had this income/benefit reduced or terminated during 2016 (e.g. Social Security, child support, disability or unemployment benefits, etc.).	On a separate sheet of paper, specify: <ol style="list-style-type: none"> <li>1. Type of income or benefit;</li> <li>2. Amount received during 2015;</li> <li>3. Reasons for termination or reduction;</li> <li>4. Date of loss or reduction.</li> </ol>
<b>C. Separation or divorce</b>	<input type="checkbox"/> Parents have separated or divorced <b>after</b> you applied for federal student aid.	<input type="checkbox"/> You and your spouse have separated or divorced <b>after</b> you applied for federal student aid.	<ol style="list-style-type: none"> <li>1. Date of separation or divorce: _____/_____/_____</li> <li>2. Attach copy of legal separation or divorce agreement or letter documenting legal proceedings have begun relative to the separation/divorce.</li> </ol>
<b>D. Death</b>	<input type="checkbox"/> A parent has died <b>after</b> you applied for federal student aid.	<input type="checkbox"/> Your spouse has died <b>after</b> you applied for federal student aid.	<ol style="list-style-type: none"> <li>1. Name of deceased and relationship to student; _____</li> <li>2. Attach copy of death certificate, obituary notice or printed memorial program.</li> </ol>
<b><u>E. Liquidation/foreclosure</u></b>	<input type="checkbox"/> A parent has filed bankruptcy or gone through foreclosure <b>after</b> you applied for financial aid.	<input type="checkbox"/> You have filed for bankruptcy or gone through foreclosure <b>after</b> you applied for financial aid.	Provide details on a separate sheet of paper. Official documentation of bankruptcy/foreclosure must also be provided.
<b>F. Unusual debt or expenses</b>	<input type="checkbox"/> A parent incurred unusual debt or expense during 2015 and/or 2016 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 2015 and/or 2016 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: <ol style="list-style-type: none"> <li>1. Description of debt or expense;</li> <li>2. Total amount of debt or expense;</li> <li>3. Explanation of hardship.</li> </ol> <p><b>IMPORTANT:</b> Documents supporting this expense or debt must accompany this form.</p>
<b>G. Parent attending college at least half-time</b>	<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.
<b>H. Other</b>	<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 TWO –Student Anticipated Income**

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**

	Earned from Work	Unemployment Received
<b>1. Student’s actual and expected 2016 income:</b>		
A. January through May 2016	\$ _____	\$ _____
B. June through August 2016	\$ _____	\$ _____
C. September through December 2016	\$ _____	\$ _____
<b>Total A, B, and C</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>2. Student’s actual and expected 2016 income from other sources: (e.g., interest, worker’s compensation, child support, disability, AFDC, TANF, etc.)</b>		
A. January through May 2016	\$ _____	
B. June through August 2016	\$ _____	
C. September through December 2016	\$ _____	
<b>Total A, B, C</b>		<b>\$ _____</b>
<b>3. Student’s 2016 Veteran Benefits (September 2016 through May 2017):</b>		
Monthly amount of veteran benefits (educational, disability, etc.)	\$ _____	
Number of months these benefits will be received	_____	Months
<b>4. Spouse’s actual and expected 2016 income from ALL sources: (e.g., work, interest income, child support, unemployment, etc.)</b>		
A. January through May 2016 <i>Source:</i> _____	\$ _____	
B. June through August 2016 <i>Source:</i> _____	\$ _____	
C. Sept. through Dec. 2016 <i>Source:</i> _____	\$ _____	
<b>Total A, B, and C</b>		<b>\$ _____</b>
<b>5. Student (and spouse) asset information:</b>		
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 THREE–Parent Anticipated Income**

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.

<b>1. Parents’ actual and expected 2016 income (January through December 2016):</b>	
A. Parent 1’s income from work	\$ _____
B. Parent 2’s income from work	\$ _____
C. Other taxable income <i>Source:</i> _____	\$ _____
D. Other non-taxable income <i>Source:</i> _____	\$ _____
<b>(e.g., Worker’s Compensation, Social Security, child support, pensions, annuities, AFDC, TANF, disability benefits, etc.)</b>	
<b>Total A, B, C, and D</b>	<b>\$ _____</b>
<b>2. Parents’ asset information:</b>	
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 FOUR – 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.			
7.			

Add a list if more than seven members.

**SECTION FIVE – Personal**

Please provide information regarding your special circumstances. Attach additional pages if necessary. (REQUIRED)

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*Return this form along with required documentation to:*

**Financial Aid Office**  
Great Falls College MSU  
2100 16<sup>th</sup> Ave South; Great Falls, MT; 59405  
[406] 771-4334 [800] 446-2698 Fax [406] 771-4410  
[finaid@gfcmsu.edu](mailto:finaid@gfcmsu.edu) [www.gfcmsu.edu](http://www.gfcmsu.edu)

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