



2017-2018 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 2017-2018 educational expenses. **Be advised 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. Do not submit this form until you have completed the Free Application for Federal Student Aid (FAFSA) and received a financial aid award.**

Complete Sections 1, 2, 3 and 4. Complete the portion of Section 5 that corresponds with your special condition.

SECTION ONE – Identifying Special Condition

Please check the related circumstance(s) .

| | |
|----------|---|
| A | Loss of Income – Student, Spouse or Parent Income for 2015 is not indicative of the current situation, due to loss or reduction of wages, child support, workers comp, etc. |
| B | Unusual Debt or Expense that has been paid Medical expenses not reimbursed or covered by health insurance (including travel for treatment), support of non-family members, dependent care, etc. |
| C | Separation or Divorce, Death of a Parent/Spouse Separation/Divorce or death occurred after the 17-18 FAFSA was completed |
| D | Parent Attending College at Least Half time Parent/step-parent in the student's household is degree-seeking at least half-time at a post secondary institution. |
| E | Other Changes in your financial condition that affect the ability of you and/or your parents to contribute to your education |

SECTION TWO –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 THREE–Personal Statement

Please explain in detail your circumstance, providing specific information. Attach additional pages if necessary.

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. | | | |

Attach additional pages if your household has more than seven members.

SECTION FIVE – Required Documentation

Please provide information and documentation according to the special condition identified in Section One.

A. Loss of Income – Student, Spouse or Parent(s)

Income for 2015 is not indicative of the current situation, due to loss or reduction of wages, child support, workers comp, etc.

Name of Household member that experienced loss of income: _____

Date of change in income (month/year): _____

If income change is due to death, divorce or separation, and you are requesting use of 2015 income, complete Section C below and do not complete this section.

Dependent Student: (Students who are required to provide parent information on FAFSA)

On the form below, list:

- Your income
- Your Custodial Parent's income, and income for his/her spouse, if married.

Independent Student:

On the form below, list:

- Your income
- Your spouse's income, if married.
-

| ESTIMATE THE YEARLY INCOME FOR THE YEAR YOU ARE REQUESTING TO USE | | | | |
|--|---------|--------|----------|----------|
| _____ 2016 OR _____ 2017 | | | | |
| | Student | Spouse | Parent 1 | Parent 2 |
| Wages, Salaries and Tips | \$ | \$ | \$ | \$ |
| Business/Farm Income | \$ | \$ | \$ | \$ |
| Unemployment Compensation | \$ | \$ | \$ | \$ |
| Workers' Compensation | \$ | \$ | \$ | \$ |
| Child Support Received | \$ | \$ | \$ | \$ |
| Veteran Non-education Benefit (Disability, pension) | \$ | \$ | \$ | \$ |
| Disability <i>Do not include Social Security</i> | \$ | \$ | \$ | \$ |
| Other: <i>(Describe)</i> | \$ | \$ | \$ | \$ |
| ASSET INFORMATION (as of today) | | | | |
| Cash, savings, checking accounts | \$ | \$ | \$ | \$ |
| Investments and real estate <i>Do not include your primary residence</i> | \$ | \$ | \$ | \$ |
| Net worth of businesses or investment farms <i>Do not include family farm or family business with 100 or fewer full time employees</i> | \$ | \$ | \$ | \$ |

In Section Three, explain how you estimated the income for the above period and how it differed from 2015. Attach copies of final paychecks, showing year-to-date earnings, or, if year has ended, copies of W-2s and tax return transcripts.

B. Unusual Debt or Expense that has been paid

Medical expenses not reimbursed or covered by health insurance (including travel for treatment), support of non-family members, dependent care, etc.

Provide a written list describing each debt or expense, the date the expense was incurred, and date payment was made. Provide documentation of each expense and proof of payment.

C. Separation or Divorce, Death of a Parent/Spouse

Separation/Divorce or death occurred after the 17-18 FAFSA was completed

In the event of Separation or Divorce (Parent or Student) after completing the FAFSA:

Provide:

- Date of separation or divorce: _____
- Legal proceedings (court petition, letter from attorney, decree, etc.)
- Tax return transcript for 2015 and W-2s for 2015 (from both parties involved in separation/divorce)

If you are also requesting to replace income from 2015 with income from 2016 or 2017, complete Section A.

In the event of Death (Spouse or Parent) after completing the FAFSA:

Provide:

- Name of deceased and relationship to student: _____
- The death certificate, obituary notice or printed program from funeral
- Tax return transcript for 2015 and W-2s for 2015
- Final paystub with year-to-date information

If you are also requesting to replace income from 2015 with income from 2016 or 2017, complete Section A.

D. Parent Attending College at Least Half time

Parent/step-parent in the student's household is degree-seeking at least half-time at a post secondary institution.

In Section Three, explain the reason the parent/step parent must attend college for employment purposes. Attach a copy of enrollment verification for parent/step-parent, showing enrollment of at least half time.

E. Other

Changes in your financial condition that affect the ability of you and/or your parents to contribute to your education

In Section Three, explain in detail the circumstances surrounding the change in your financial circumstances. Furnish documentation to support your narrative. This documentation may include legal proceedings or notices, letters, etc.

Return this form along with required documentation to:

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