



2021-2022 Special Condition Form

Name: \_\_\_\_\_ ID #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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 2021-2022 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 1: Identify Special Condition**

Please check the related circumstance(s).

|          |   |
|----------|---|
| <b>A</b> | <b>Loss of Income – Student, Spouse or Parent</b><br>Income for 2019 is not indicative of the current situation, due to loss or reduction of wages, child support, workers comp, etc.                     |
| <b>B</b> | <b>Unusual Debt or Expense that has been paid</b><br>Medical expenses not reimbursed or covered by health insurance (including travel for treatment), support of non-family members, dependent care, etc. |
| <b>C</b> | <b>Separation or Divorce, Death of a Parent/Spouse</b><br>Separation/Divorce or death occurred after the 2021-2022 FAFSA was completed  |
| <b>D</b> | <b>Parent Attending College at Least Half time</b><br>Parent/step-parent in the student's household is degree-seeking at least half-time at a post secondary institution.                                 |
| <b>E</b> | <b>Other</b><br>Changes in your financial condition that affect the ability of you and/or your parents to contribute to your education  |

**SECTION 2: 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

*Submit the completed form thru secure means (fax, U.S. mail, personal delivery). To maintain security, do not email the completed form.*

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**SECTION 3: Personal Statement -- REQUIRED**

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

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**SECTION 4: 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.

| <b>Name</b> | <b>Age</b> | <b>Relationship to you, the student</b> | <b>Attending what college and where</b> |
|-------------|------------|---|---|
| 1.          |            | STUDENT                                 |   |
| 2.          |            |   |   |
| 3.          |            |   |   |
| 4.          |            |   |   |
| 5.          |            |   |   |
| 6.          |            |   |   |
| 7.          |            |   |   |

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

**SECTION 5: Required Documentation**

Please provide information and documentation according to the special condition identified in Section 1.

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

*Income for 2019 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 2019 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.

| <b>ESTIMATED THE YEARLY INCOME</b>  |                | <i>Select Year: ____ 2020 ____ 2021</i> |                 |                 |
|---|----------------|---|-----------------|-----------------|
|   | <b>Student</b> | <b>Spouse</b>                           | <b>Parent 1</b> | <b>Parent 2</b> |
| Wages, Salaries and Tips  | \$             | \$                                      | \$              | \$              |
| Business/Farm Income  | \$             | \$                                      | \$              | \$              |
| Unemployment Compensation   | \$             | \$                                      | \$              | \$              |
| Workers’ Compensation   | \$             | \$                                      | \$              | \$              |
| Child Support Received  | \$             | \$                                      | \$              | \$              |
| Veteran Non-education Benefit (Disability, pension)   | \$             | \$                                      | \$              | \$              |
| Disability<br><i>Do not include Social Security</i>   | \$             | \$                                      | \$              | \$              |
| Other: <i>(Describe)</i>  | \$             | \$                                      | \$              | \$              |
| <b>ASSET INFORMATION (as of today)</b>  |                |   |                 |                 |
| Cash, savings, checking accounts  | \$             | \$                                      | \$              | \$              |
| Investments and real estate<br><i>Do not include your primary residence</i>   | \$             | \$                                      | \$              | \$              |
| Net worth of businesses or investment farms<br><i>Do not include family farm or family business with 100 or fewer full time employees</i> | \$             | \$                                      | \$              | \$              |

**In Section 3, explain how you estimated the income for the above period and how it differed from 2019. Attach copies of final paychecks, showing year-to-date earnings, or, if year has ended, copies of W-2s and tax return transcripts or copy of tax return and all schedules.**

**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 2021-2022 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 2019 and W-2s for 2019 (from both parties involved in separation/divorce)

If you are also requesting to replace income from 2019 with income from 2020 or 2021, 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 2019 and W-2s for 2019
- Final paystub with year-to-date information

If you are also requesting to replace income from 2019 with income from 2020 or 2021, 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 3, 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 3, 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.

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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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