



Cornell College

2017-2018 SPECIAL CIRCUMSTANCE FORM

Student's Name _____ Phone # _____

Parent's Name(s) _____

Parent Email _____ Parent Daytime Phone _____

Sometimes families experience extenuating circumstances that merit basing financial aid eligibility on their expected 2017 income. A committee will review each case individually. Changes made to information that is reported on your 2017-2018 FAFSA may or may not result in changes to your financial aid package.

Your special circumstance form will be reviewed once we have received the following information:

- Results of the 2017-2018 Free Application for Federal Student Aid (FAFSA)
- Other documentation as outlined below in the circumstance for which you wish to be considered

Select the Circumstance(s) for Review

- Medical/Dental Expenses:** If the total amount of reimbursed medical/dental expenses paid out in 2015 or 2016 by your family was over an average of \$700 per family member, please submit one of the following:
- Parent's signed 2015 or 2016 Federal 1040
 - Schedule A (itemized deductions form) from the 2015 or 2016 Federal 1040 form, or
 - Proof of payment made by the student's family for 2015 or 2016 medical and dental expenses not covered by insurance.

Important: Do not include tax-exempt insurance premiums or expenses paid by medical savings through payroll deduction. These have already been excluded from your income.

- Loss of Child Support**
- Please submit verification of court ordered child support for the child you will be losing support for with monthly amount and date that support will cease.

- Separation, Divorce or Death of Parent**
Please provide the following information:
- 2015 Division of Income and Assets Form available at <http://www.cornellcollege.edu/financial-assistance/forms-resources/index.shtml> (include only the income of the parent that provides more than half of the student's support, usually the custodial parent).
 - Proof of separation (lease, purchase of another residence, etc)
 - Legal separation papers, verification letter from attorney or divorce decree
 - 2015 W-2 of custodial parent
 - Documentation of child support/alimony to be received per month.
 - Death certificate (if applicable)

- Expected Decrease in Income:** Complete this section only if 2017 income will be substantially lower than 2015 income.

Please follow the following steps:

Wait... Please wait 10 weeks from the loss or change of employment before submitting this request (this allows you time to gather an accurate estimate of income based on your new circumstances or secure new employment).

Describe the situation that caused the reduction in income in a separate statement.

Complete the estimated taxable income and untaxed income and benefits on the back side of this form.

Document earned income by submitting W-2s and/or most recent pay stubs. Submit a letter from employer if terminated.

Submit all documents including the 2015 and 2016 signed federal 1040.

Mail, Fax or Email this form and supporting documentation to the Financial Planning and Assistance Office.

Reason for reduced income: _____

Which calendar year is your income reduced. _____ 2016 _____ 2017
Dates associated with reduced income (for example, last date of employment): _____

Estimated Taxable Income

_____ earnings from work* \$ _____	Rents/partnerships/estate income	\$ _____
(Parent name)		
_____ earnings from work* \$ _____	Severance package	\$ _____
(Parent name)		
Interest & dividends \$ _____	Taxable Social Security benefits	\$ _____
Capital gains/losses \$ _____	(For parent and children under 18)	
Pension/annuities/IRAs \$ _____	Business and/or farm income	\$ _____
Other taxable income \$ _____		

Please report source of taxable income (i.e. unemployment compensation) _____

*Be sure to include earnings made up to the last date of employment.

Estimated Untaxable Income and Benefits

Temp Assistance for Needy Families \$ _____	Untaxed Social Security benefits	\$ _____
Housing/food allowance \$ _____	Child support received for all children	\$ _____
(Members of the military/clergy/other)	Untaxed IRA distributions/pensions	\$ _____
Payments to tax-deferred pensions & IRAs \$ _____	Tax-exempt interest	\$ _____
Other untaxed income \$ _____		

Please report source of untaxed income (i.e. worker's compensation, disability) _____

If you believe you have circumstances not addressed by this form, you may submit a request for consideration on a separate sheet, include as much information as possible, include any documentation, and be sure to attach this signed form to your request.

Student and Parent Certification and Signatures

Warning: Federal regulations state that purposely giving false or misleading information may result in a fine, a prison sentence, or both.

I certify that all of the information reported to qualify for Federal, State, and Institutional Financial Aid is complete and correct to the best of my knowledge. We authorize Cornell College to release updated or corrected information to the Federal Student Aid Processing Center.

Cornell College reserves the right to request federal tax returns to verify this information at any time.

Student Signature

Date

Parent Signature

Date

Return this completed form and all documentation to:

**Financial Planning and Assistance Office
Cornell College
600 First St SW
Mount Vernon, IA 52314
Fax: 319-895-4106
Email: financialassistance@cornellcollege.edu**