



SPECIAL CONSIDERATION REQUEST FORM (2019/2020)

Mount Aloysius College

Financial Aid Office

7373 Admiral Peary Hwy

Cresson, PA 16630

Fax: 814-886-6463 Email: financialaid@mtaloy.edu

Student's Name: \_\_\_\_\_ Student's Social Sec. #: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Phone/Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Did you submit a special consideration form last year (18/19)?  Yes  No

NOTE: If you answered YES to the above question, your file will be reviewed. We will be looking to see how closely you estimated your income on last year's Special Consideration Request. If the income reported on the special consideration last year differs by more than \$3,000 your Special Consideration Request Form for this year will NOT be processed. After January 2019 and as soon as you have your W-2's, 2018 Federal tax return and other taxable & untaxable income statements, please submit the Special Consideration Request Form and your situation will then be taken into consideration. You will be notified of any additional Pell grant eligibility.

The reason for my special consideration request is:

Loss of employment for \_\_\_\_\_ on this date \_\_\_\_\_ (please submit required documentation as stated on cover sheet)
(name of person unemployed)

Divorce/Separation: (please submit required documentation as stated on cover sheet)

Loss of Untaxed Income/Benefits for \_\_\_\_\_ on this date \_\_\_\_\_ (please submit required documentation as stated on cover sheet)

Death of Parent/Spouse (please submit required documentation as stated on cover sheet)

Unusual Medical/Dental Expenses and/or Dependent Care/Elementary and High School Education Tuition
(please submit required documentation as stated on cover sheet)

In the space provided below, explain the details of your special circumstances. Please be specific making sure to include any necessary dates. You may attach additional sheets, if necessary.

\_\_\_\_\_
\_\_\_\_\_
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\_\_\_\_\_

By signing this form, I (we) certify that the information provided is complete and accurate to the best of our knowledge. If additional changes occur during the 19/20 award year that would significantly alter the information reported on this Special Consideration Form, I (we) will immediately notify the Financial Aid Office.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Required for dependent student's only)

## 2018 Income (Taxable and Untaxable)

This section cannot be blank or zero. List the dollar amount of income or help you and your family expect to receive between January 1, 2018 and December 31, 2018. \* **ATTACH A COPY OF YOUR FEDERAL INCOME TAX RETURN AND W-2'S**

2018 YEARLY INCOME SOURCE:	MOTHER	FATHER	STUDENT	SPOUSE
Wages, Salaries, Tips, Severance Pay, and other income earned from work				
Unemployment Compensation				
Business or Farm Income				
Pensions/Annuities				
Workmen's Compensation				
Social Security Benefits for all persons in household				
Income received from rentals				
Welfare Benefits – List cash assistance only				
Child Support received for ALL children				
Money paid on you or your families behalf				
Alimony Received				
Non-educational Veterans Benefits				
Any other taxable or untaxable income <b>Specify type:</b>				

### UNUSUAL MEDICAL OR DENTAL EXPENSES

How much did you and your family pay for your medical/dental insurance in 2018?      \$ \_\_\_\_\_  
Do not include your employer's contribution. You must submit proof of the amount you paid.

How much did you pay for medical/dental expenses not covered by insurance in 2018?      \$ \_\_\_\_\_  
Submit proof of the amount you paid. A copy of Schedule A from your 1040 Tax form is acceptable.

### DEPENDENT CARE EXPENSES

How much did you pay in dependent care expenses for 2018?      \$ \_\_\_\_\_  
Submit proof (documentation from your daycare provider) of the amount paid.

Please list child or children's names and ages: \_\_\_\_\_

### ELEMENTARY AND HIGH SCHOOL EDUCATION TUITION

List the amount of elementary and/or secondary (high school) tuition that you paid for your dependent children to attend school during the 2018 academic year. \$ \_\_\_\_\_

\*Do not include amounts covered by scholarships or waivers or post-secondary (college) education. Please provide documentation showing amounts paid.

#### FINANCIAL AID USE ONLY

Processed : YES    NO --- Reason: \_\_\_\_\_



# SPECIAL CONSIDERATION REQUEST FORM

## 2019/2020

READ THESE INSTRUCTIONS CAREFULLY

This Special Consideration Form can be used by you and your family to report unusual circumstances that may impact your ability to pay for your college education at Mount Aloysius College. Your 2019/20 FAFSA used 2017 tax information in the determination of your financial aid. A Special Consideration request can be considered if your family income was reduced in 2018 or you meet the extraordinary expenses that provide you with less available income (unusual Medical/Dental or Dependent Care or Elementary/High School Tuition expenses). Before this form can be reviewed by the Financial Aid Office, you must have a Free Application for Federal Student Aid (FAFSA) on file with an Expected Family Contribution (EFC) higher than 0. Students submitting a Special Consideration Form who already have a 0 EFC will not be processed. In addition, 2018 Federal Income taxes must be complete and submitted to the IRS. A copy of your 2018 taxes will be required to show the decrease to your income. Please complete all of the required information appropriate to your circumstances. Incomplete forms or forms without required documentation attached will not be processed. If you feel that you or your family have extenuating circumstances that are not covered by this form, please feel free to attach a sheet of paper explaining those circumstances. If your special consideration makes a difference in your Pell Grant eligibility you will receive a new award letter indicating the new amount once your special consideration is processed. The allowable circumstances for special consideration are listed on this form. Ineligible circumstances include reduction of income for dependent students, loss of overtime pay, expenses related to personal living such as car/mortgage payments, VISA/Mastercard bills, wedding expenses, utility bills, etc. Also ineligible are one year bonus incomes such as lottery winnings, legal awards, etc.

### How to complete the form:

1. Print clearly using blue or black ink.
2. Complete all questions on the entire form. If any of the questions do not apply to you, please list non-applicable as the answer.
3. Be sure to describe the specific details of your situation in the space provided. If necessary, attach an additional sheet explaining the situation.
4. Please submit a copy of your 2018 Federal Income Tax return and W-2's.
5. The student must sign and date the form. Dependent students must also have a parent sign and date the form.
6. The completed form and all documentation must be returned to the Financial Aid Office, Mount Aloysius College, 7373 Admiral Peary Highway, Cresson, PA 16630. **Forms submitted without documentation will not be processed.**

## REQUIRED DOCUMENTATION

### Loss of Employment

**Loss of employment must have occurred in 2018.** Please attach a letter from your previous employer stating the last day of employment as well as a copy of the Notice of Financial Determination from the Unemployment Office.

### Divorce/Separation/Death of Parent/Spouse

Independent students must provide documentation including the addresses/phone numbers of the student and spouse. Dependent students must provide documentation including the addresses and phone numbers of each parent. **Also, required:**

- ❖ Divorce - a copy of the divorce decree
- ❖ Separation – a copy of the legal separation document OR a signed statement from your attorney showing the date of separation.  
*\*\*\*\*A special consideration for separation will only be done once while the student is enrolled.*
- ❖ Death of Parent/Spouse – please submit a copy of the death certificate

### Loss of Untaxed Income/Benefits

Please provide a copy of a letter from the agency that provided benefits, detailing the termination of benefits. This must have occurred during 2018.

### Unusual Medical/Dental Expenses

Please provide documentation showing the unusual medical/dental expenses you incurred in 2018. This includes the amount your family paid for medical/dental insurance not including your employer's contribution and any medical or dental bills that were not paid by insurance. Copies of canceled checks, billing statements from your physician or dentist or a copy of your Schedule A from your tax return are all acceptable.

### Dependent Care and Elementary/High School Education Tuition Expenses

If you paid dependant care expenses or tuition for a child to attend an elementary or high school, please provide documentation (letter, account or billing statement) showing the amount to be paid for the year listed in the question on the Special Consideration Form.