

SPECIAL CONDITIONS APPLICATION 2009-2010

****Applications that are incomplete or missing
documentation will not be processed and returned
to the student.****

You have indicated that your family's 2009 income will be significantly less than it was in 2008. Generally, Shawnee State University will consider changes in your anticipated income or expenses that affect your or your family's ability to pay for college. It is important for you to know that not all changes in circumstances will result in an adjustment to your aid eligibility. However, your request and documentation will be reviewed carefully. On page 2, please indicate with an "X" the reason for your change of income and provide the requested documentation.

Documentation of your 2009 estimated income must be provided. If you (the student) filed the Free Application for Federal Student Aid (FAFSA) as a self supporting student, you and your spouse must complete the student/spouse information. If you are a dependent student, your parent(s) must complete the parental information. Acceptable documentation would include copies of recent pay stubs, or a letter from an employer or agency.

In order to be reviewed, ALL pages of this form must be completed and documentation MUST be included. Your application will NOT be processed if you fail to submit appropriate documentation. In addition, if not already on file, you must submit signed copies of student and parent 2008 federal tax returns and W2 forms if you are a dependent student, or student and spouse 2008 federal tax returns and W2 forms if you are independent.

Once your request has been evaluated, you will be notified by the Financial Aid Office.

Student's Name

Address

Student ID

Email Address

Phone Number

**INCOMPLETE APPLICATIONS OR THOSE WITHOUT DOCUMENTATION
WILL NOT BE PROCESSED.**

Please indicate with an "X" the reason for your change of income. Mark all that apply.
You must provide the documentation before the appeal can be processed.

Loss of employment or change in employment status.

- Layoff.**
 - Plant Closing.**
 - Termination.**
 - Loss of hours/overtime.**
 - Other (please explain)**
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Please provide the following documentation:

- Letters from prior employers, stating termination dates and 2009 earnings to date – on letterhead, signed and dated.
 - Letters from any current employers, stating expected earnings for 2009 – on letterhead, signed and dated.
 - Unemployment recap showing amount of benefits received and the expected unemployment to be received in 2009 OR notarized statement indicating no benefits received or expected to be received in 2009.
- Loss of taxable income.**
- Alimony:** Provide court document(s) stating termination date of benefit and year to date amount received in 2009.
 - Unemployment.** Provide a letter from the unemployment office stating termination date of benefits and year to date amount received in 2009.
- Loss of untaxed income.**
- Social Security.** Provide Social Security Administration notification of termination of benefits and year to date amount received in 2009.
 - Child Support.** Provide a letter or court document stating termination date of benefits and year to date amount received in 2009.
 - Worker's Compensation.** Provide a letter from Bureau of Worker's Compensation stating termination date of benefits and year to date amount received in 2009.
- Disability.** Provide a letter from a doctor stating the disability date and prognosis for returning to work. Include a letter verifying monthly disability benefits from Social Security, Worker's Compensation, employer, or other agency.
- Separation or divorce after Free Application for Federal Student Aid (FAFSA) has been filed.** Provide a copy of the divorce decree or a copy of the legal separation document; a signed statement from your attorney, showing the date of separation; or a notarized statement from an unrelated third party.
- Death of a parent or spouse after FAFSA has been filed.** You must provide a copy of the death certificate or an obituary notice.
- Other Unusual Expenses Paid.**
- Medical and Dental Expenses.** You have paid medical or dental expenses for the 2008 calendar year that are not covered by insurance. You must provide a copy of Schedule A of 2008 tax returns or copies of canceled checks for 2008.
 - Elementary and Secondary Education Paid.** You have paid for elementary, junior high, and high school tuition in the 2008 calendar year for dependents in your family. (Not to exceed \$4,000 per child). You must provide a letter from school stating amount you have paid for tuition in 2008.
 - Parent attending college** at least half-time in 2009-2010 in a program that leads to a college degree or certificate. You must provide verification of enrollment and payment.

INCOME INFORMATION

Enter the total yearly income that you, your spouse, and/or your parent(s) expect to receive from January 1, 2009 until December 31, 2009 from the sources indicated below.

2009 Estimated Income Information

Income		
Student/Spouse	2009 Yearly Income	Parent(s)
\$	Wages	\$
\$	Pension	\$
\$	IRA Contributions	\$
\$	Unemployment	
\$	Child Support	\$
\$	Interest/Dividends	\$
\$	Social Security	\$
\$	Welfare Benefits	\$
\$	Food Stamps	\$
\$	Workers' Comp	\$
\$	Housing Allowance	\$
\$	Veteran's Benefits	\$
\$	Support from Others	\$
\$	TOTAL	\$

If parent's income for 2009 falls below \$10,000 and/or student's income falls below \$5,000 please complete the expense and income chart listed below.

Expenses			Income		
Student/Spouse	Monthly Expense	Parent(s)	Student/Spouse	Monthly Income	Parent(s)
\$	Mortgage or rent	\$	\$	Gross wages	\$
\$	Groceries/food	\$	\$	Pension	\$
\$	Car payment	\$	\$	Unemployment	\$
\$	Gas or transportation	\$	\$	Child Support	\$
\$	Utilities	\$	\$	Interest/Dividends	\$
\$	Telephone	\$	\$	Social Security	\$
\$	Insurance	\$	\$	Welfare Benefits	\$
\$	Medical/dental	\$	\$	Food Stamps	\$
\$	Charge card	\$	\$	Workers' Comp	\$
\$	Personal loan	\$	\$	Housing allowance	\$
\$	Clothing/misc.	\$	\$	Veteran's benefits	\$
\$	Other payments	\$	\$	Support from others	\$
\$	TOTAL	\$	\$	TOTAL	\$

I hereby certify that the information I have provided is true to the best of my knowledge and acknowledge that making any knowingly false statement to a public official is a crime under Ohio law subject to fines and imprisonment upon conviction. **Applications missing information will not be processed.**

Student's Signature _____ Date _____

Spouse's Signature _____ Date _____

Parent's Signature (if student is dependent) _____ Date _____

Parent's Signature (if student is dependent) _____ Date _____