



Financial Aid Special Consideration Form 2016-2017

Name

Last	First	MI
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ID

Phone Number

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This Special Consideration Form may be used by you and your family to report unusual circumstances not addressed on the Free Application for Financial Federal Student Aid (FAFSA) that you believe affect your ability to contribute to your education at Eastern Shore Community College (ESCC). These circumstances may be conditions that are negatively impacting your 2016 finances when compared to the 2015 income reported on your 2016-2017 FAFSA or adversely affect your current income due to extraordinary expenses that provide you with less available income.

Before the Financial Aid Office can review the information on this form, you must have filed a 2016-2017 FAFSA, completed the verification process if you were selected and been initially awarded financial aid.

The information provided on your original application may not be updated if your income reduction is not significant or appears inconsistent. Likewise, expenses for consumer goods and lifestyle choices may not be supported with additional financial aid resources.

Please complete all of the required information appropriate to your circumstances. It is your responsibility to provide all requested documentation. **Incomplete forms and forms without the appropriate documentation will not be processed.**

1. Please check the reason for your special consideration request and attach the required documentation. Please note the Financial Aid Office reserves the right to request additional documentation, if needed.

- A. **Unusual medical and/or dental expenses that were incurred during the tax year provided on the FAFSA.** *Documentation Needed:* Copy of 2015 Federal income tax return and associated Schedule A and/or medical receipts and Explanation of Benefits form.
- B. **Death, divorce, or separation has occurred since the FAFSA was filed.** *Documentation Needed:* Copy of death certificate or divorce/separation decree.
- C. **Loss of unemployment compensation.** *Documentation Needed:* Letter from unemployment office stating start/end dates and benefit amount.
- D. **Loss of child support.** *Documentation Needed:* Letter or court document stating start/end dates and child support amount.
- E. **Loss of Worker’s Compensation benefits.** *Documentation Needed:* Letter from Bureau of Worker’s Compensation stating start/end dates and benefit amount.
- F. **Loss of income parent and/or student (spouse, if applicable) from work due to layoff, closing of business, termination, or reduction in employment hours to attend school.** *Documentation Needed:*
 - Signed copy of 2015 Federal tax return including all schedules and W2 statements (if you submitted a signed copy of your 2015 Federal tax return previously, you do not need to resubmit them).
 - Letter from previous employer documenting effective dates and severance, vacation, personal and sick leave pay out.
 - Copy of final pay stub from previous job, if applicable.
 - Letter from unemployment office documenting effective dates and benefits received.
 - Copy of most recent pay stub from current job, if applicable.
 - Documentation of any other income received during the calendar year.

2. Please explain in detail the reason(s) for your request for special consideration and the details of your income reduction or unusual medical/dental expenses. Provide an additional sheet if necessary.

3. Please provide the amount that you and your family expect to receive between January 1, 2016 and December 31, 2016. If your parent is divorced, separated, or widowed, do not include information about the other parent. If you are divorced, separated, or widowed, do not include information about your spouse.

Income	Source	Amount
Income Earned from Work	Last paycheck stub, W-'s, tax returns, letter from employer	\$
Other Taxable Income	Dividends, interest, pensions, alimony, annuities, 401K, severance package, etc.	\$
Child Support	Letter from child support enforcement, court order	\$
Other Untaxed Income	Letter from agency providing resources (TANF, Worker's Compensation, Social Security Benefits)	\$
Unemployment benefits	Virginia Employment Commission statement	\$

Certification Statement: I (we) certify that the information provided on this form is complete and accurate to the best of my (our) knowledge. If I (we) provide false or misleading information, I (we) understand that I may be fined, sent to prison, or both. I (we) understand that should the circumstance(s) identified on this form change due to subsequent employment and/or receipt of monies not available at the time of submission of this form, I (we) will notify the Office of Financial Aid immediately of these changes.

A parent's signature is only necessary when you were required to provide information about them on your 2016-2017 Free Application for Federal Student Aid (FAFSA).

Student's Signature

Date

Parent's Signature

Date