2015-16 Dependent Special Circumstances Form

Return this and other documents to:
Bethel College Office of Student Financial Services
1001 Bethel Circle
Mishawaka, IN 46545  Phone: 574.807.7415
Fax: 574.807.7122  E-mail: finaid@BethelCollege.edu

Student __________________________________  Student ID or SSN ____________________

You may request a recalculation of your financial aid if you meet one of the conditions listed below. Check the conditions that apply and submit supporting documentation, listed on the back. Documentation must be received before your request can be reviewed. Student must complete Direct Subsidized/Unsubsidized Loan process and Parent must attempt Direct PLUS Loan Request before recalculation is considered. Request will be denied if student EFC (Expected Family Contribution) is already at zero, as student is already receiving maximum Federal aid. Please allow up to three weeks for our review process. Student will be notified by Bethel e-mail of our decision. Requests for Fall must be completed by September 30 and by January 30 for Spring semester.

☐ Death  ☐ Unusual Medical/Dental Expenses
☐ Divorce/Separation  ☐ Other circumstances
☐ Loss of Employment/Income

Checklist of items required along with this form:

☐ Letter explaining your special circumstances.
☐ Verification worksheet signed by student and a parent. Found at My.BethelCollege.edu.
☐ IRS data retrieval used to complete or correct FAFSA; or a signed 2014 Federal income tax return transcript for student and parent. Request transcript at www.irs.gov.
☐ Supporting documents from the list on the reverse side.
☐ Completion of Direct Sub/Unsubsidized Loan Entrance Counseling and MPN at www.StudentLoans.gov.
☐ Completion of Direct PLUS Loan request at www.StudentLoans.gov.

Please complete the chart below for both the student and the parent.

<table>
<thead>
<tr>
<th>Provide following information for January 1 through December 31, 2015. (Give estimates, if necessary).</th>
<th>Student</th>
<th>Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages, salaries, tips, etc.</td>
<td></td>
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<tr>
<td>Other income: Child Support, Unemployment, etc.</td>
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<td></td>
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<tr>
<td>Untaxed income: Military, clergy, housing allowance, etc.</td>
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<tr>
<td>Cash/Savings/Checking accounts – current balance</td>
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</tbody>
</table>

Certification Statement: I understand that if I knowingly make a false statement or misrepresentation, further financial assistance may be denied and repayment of current assistance may be required. I certify that all information submitted with this request is true and complete to the best of my knowledge. If asked, I agree to provide any documentation requested by the Student Financial Services Office to prove the accuracy of this information.

__________________________________________________________________________________________
Student _____________________________ Date ______________  E-mail address ___________________

__________________________________________________________________________________________
Parent _____________________________ Date ______________  E-mail address ___________________

Office use: Letter____  VW____  Stutax____  Partax____  W2____  Sub/Uns____  PLUS____  Docs____  Complete____
REQUIRED DOCUMENTATION

Documentation must be included for the request to be reviewed, and is determined by the type of situation below:

**Death of a parent**
- A copy of the death certificate

**Divorce/Separation of parent**
- A statement describing current living arrangements for all family members, custody of any dependents.
- A copy of court documents regarding legal separation/divorce/custody/child support.

**Loss of Employment/Loss of Income – student/parent**
- A statement indicating the circumstances regarding the job loss and any prospects for employment in the near future.
- Documentation from the former employer indicating beginning and ending dates of full-time employment.
- Documentation of all earned income from January 1 to present; such as latest check stub, or official document from last employer.
- Documentation of unemployment/disability benefits or denial of benefits.

**Unusual Medical/Dental Expenses**
- Copies of statements for medical or dental expenses not covered by insurance and copy of Schedule A from Federal Income Tax Form 1040.

**Other unusual circumstances**

*Private school tuition paid (elementary or secondary).*
- Provide billing statement for each student, including name, age of child and relationship to student.

*Dependent or elder care expense*
- Include name, age, relationship to student and documentation of expenses.

*Support to extended family*
- Include name, age, relationship to student and documentation of expenses.

*Other circumstances as presented to Student Financial Services*
- Documentation to support your request.

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For Office Use

Approved _______ Denied _______ Student notified: e-mail _______ letter _______ phone _______

Comments: __________________________________________________________
____________________________________________________________________
____________________________________________________________________

Reviewed by ___________________________ Date ___________________________