When students and/or their families experience a change in circumstances (such as loss of income or an increase in non-discretionary expenses), the income information they provided on their financial aid application or the cost of attendance established by the Financial Aid Office (FAO) may no longer accurately reflect their financial situation. In some cases, the FAO may be able to adjust income information or the cost of attendance based on these "unusual circumstances." Please note: Adjustments to income or cost of attendance do not guarantee additional financial aid.

Please review the "Unusual Circumstances" described below and on the following pages. If any of these apply to you, your spouse, and/or your parent(s), you must provide the FAO with all pertinent documentation as noted in this document. Submit this completed form and all required documents to:

McPherson College
Financial Aid Office
1600 East Euclid
McPherson, KS 67460

Please allow up to 2 weeks for processing. You will be notified when a decision has been made.

Note: In order to make changes to your 16-17 FAFSA information, we may require additional documentation to substantiate your situation. Special consideration forms will not be processed until we have all of the necessary documents. Incomplete or unsigned applications will not be processed.

Separation or Divorce

Complete this section if you or your parent(s) separated or divorced after you completed the 2016-17 FAFSA.

Please indicate whom this pertains to: □ Parent(s) □ Student

Date of Separation/Divorce _____/_____/_____

Attach a copy of the separation or divorce agreement or letter from an attorney documenting that legal proceedings have begun. Be sure to complete the number in household information below.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List additional members on separate sheet of paper if necessary.
TYPES OF UNUSUAL CIRCUMSTANCES

Loss of Income and/or Benefit

Complete this section if you, your spouse, or parent (if dependent) received income and/or benefits in 2015 that have been reduced or terminated during 2016. Please provide the required information detailed below.

For all loss of income or benefit situations, you will need to provide the following:
1. Name of person experiencing the loss
2. Relationship of this person to the student
3. Details of the overall impact on your financial situation

Additionally, for all loss of income situations, you will need to provide the following:
1. Type of loss (job termination, change of job, retirement, etc.)
2. Dates of employment (former and current)
3. Statement explaining your situation in detail (please use page four)
4. Documentation that substantiates your loss (could include last pay stub, W-2, or other documentation)

Additionally, for all loss of benefit situations, you will need to provide the following:
1. Type of benefit loss (loss or reduction of child support, social security, etc.)
2. Statement explaining your situation in detail (please use page four)
3. Documentation that substantiates your loss
4. Statement of unemployment income (if applicable)

Please enter estimated 2016 calendar year income for parent(s) listed on FAFSA. In the event the appeal is being filed for a change in circumstances for a student and/or spouse, enter the estimated 2016 household income below.

$_______________________

In your estimates be sure to combine all income and benefits you have received from January 1 of 2016 through today, with income and benefits you expect to receive from this date through December 31, 2016.

1. In 2016 how much will the father expect to earn from work? $____________________
2. In 2016 how much will the mother expect to earn from work? $____________________
3. In 2016 how much will you expect to earn from work? $____________________
4. In 2016 how much will your spouse expect to earn from work? $____________________
5. Other taxable income expected in 2016 (please identify: __________________) $____________________
6. 2016 untaxed income and benefits:
   a. Child support received for all children $____________________
   b. Other untaxed income and benefits. $____________________

This line should include any untaxed contributions made to retirement or pension plans in 2016 as well as income received, or expect to be received from sources such as retirement benefits, worker’s compensation, or first-time homebuyer tax credit.

Unusual Debt/Expenses

Complete if parent(s), student, or spouse has incurred unusual expenses during 2015 that has impacted your ability to contribute to educational costs.

1. Please explain your unusual debt or expense (please use page four) $____________________
2. The amount paid out of pocket $____________________
3. Please attach receipts showing the amount paid out of pocket $____________________
4. Any estimated future payments $____________________

Death

Complete if parent(s) or student’s spouse has died after completion of the FAFSA.

Name of deceased _________________________ Relationship to Student _________________________

1. Please complete the income and benefits section on page two indicating the estimated new household income for 2016 (e.g. list insurance received, inheritance, Social Security benefits, etc.).
2. Attach a copy of death certificate, obituary or memorial program.

Other Unusual Circumstances

Complete if you, your spouse, or parent(s) had an unusual circumstance not already listed on this form and wish to have it evaluated.

1. Please explain your unusual circumstance in detail (please use page four)
2. Please attach documentation to substantiate your circumstance

CERTIFICATION STATEMENT

All of the information provided on this form is true and complete to the best of my knowledge. If asked, I agree to provide proof of the information provided on this form. I realize that underestimating projected income could result in reduced eligibility, repayment of financial aid or both. I further understand that purposely giving false or misleading information to obtain student financial aid may subject me to fines or other penalties.

Everyone who has provided information on this form must sign below. The student (and at least one parent, if parental information is given) must sign below or this form will be returned unprocessed.

☐ I have answered all questions that apply to my circumstance(s).
☐ I have attached copies of all documentation requested.
☐ I have explained my unusual circumstance(s).

Student Signature _______________________________________ Date _____/_____/_____

Spouse Signature ________________________________________ Date _____/_____/_____

(If spousal information is provided on this form)

Parent Signature ________________________________________ Date _____/_____/_____

(If parental information is provided on this form)
Loss of Income and/or Benefit

Complete this section if you, your spouse, or parent (if dependent) received income and/or benefits in 2015 that have been reduced or terminated during 2016. Please provide the required information detailed below.

For all loss of income or benefit situations, you will need to provide the following:
1. Name of person experiencing the loss
2. Relationship of this person to the student
3. Details of the overall impact on your financial situation

Additionally, for all loss of income situations, you will need to provide the following:
1. Type of loss (job termination, change of job, retirement, etc.)
2. Dates of employment (former and current)
3. Statement explaining your situation in detail (please use page four)
4. Documentation that substantiates your loss (could include last pay stub, W-2, or other documentation)

Additionally, for all loss of benefit situations, you will need to provide the following:
1. Type of benefit loss (loss or reduction of child support, social security, etc.)
2. Statement explaining your situation in detail (please use page four)
3. Documentation that substantiates your loss
4. Statement of unemployment income (if applicable)

Please enter estimated 2016 calendar year income for parent(s) listed on FAFSA. In the event the appeal is being filed for a change in circumstances for a student and/or spouse, enter the estimated 2016 household income below.

$_______________________

In your estimates be sure to combine all income and benefits you have received from January 1 of 2016 through today, with income and benefits you expect to receive from this date through December 31, 2016.

1. In 2016 how much will the father expect to earn from work? $____________________
2. In 2016 how much will the mother expect to earn from work? $____________________
3. In 2016 how much will you expect to earn from work? $____________________
4. In 2016 how much will your spouse expect to earn from work? $____________________
5. Other taxable income expected in 2016 (please identify: ____________________) $____________________
6. 2016 untaxed income and benefits:
   a. Child support received for all children $____________________
   b. Other untaxed income and benefits. $____________________

This line should include any untaxed contributions made to retirement or pension plans in 2016 as well as income received, or expect to be received from sources such as retirement benefits, worker’s compensation, or first-time homebuyer tax credit.

Certification Statement

All of the information provided on this form is true and complete to the best of my knowledge. If asked, I agree to provide proof of the information provided on this form. I realize that underestimating projected income could result in reduced eligibility, repayment of financial aid or both. I further understand that purposely giving false or misleading information to obtain student financial aid may subject me to fines or other penalties.

Everyone who has provided information on this form must sign below. The student (and at least one parent, if parental information is given) must sign below or this form will be returned unprocessed.

☐ I have answered all questions that apply to my circumstance(s).
☐ I have attached copies of all documentation requested.
☐ I have explained my unusual circumstance(s).

Student Signature _______________________________________ Date _____/_____/_____
Spouse Signature ________________________________________ Date _____/_____/_____
(If spousal information is provided on this form)
Parent Signature ________________________________________ Date _____/_____/_____
(If parental information is provided on this form)
2016-17 REQUEST FOR SPECIAL CONSIDERATION

Name of Student Applicant: ________________________________________________________________________________

Student ID Number: _____________________________________________________

Home Phone Number: _______________________________  Work/Cell Phone Number: ______________________________

Parent Phone Number: ___________________________________________________________________________________

When students and/or their families experience a change in circumstances (such as loss of income or an increase in non-discretionary expenses), the income information they provided on their financial aid application or the cost of attendance established by the Financial Aid Office (FAO) may no longer accurately reflect their financial situation. In some cases, the FAO may be able to adjust income information or the cost of attendance based on these “unusual circumstances.” Please note: Adjustments to income or cost of attendance do not guarantee additional financial aid.

Please review the “Unusual Circumstances” described below and on the following pages. If any of these apply to you, your spouse, and/or your parent(s), you must provide the FAO with all pertinent documentation as noted in this document. Submit this completed form and all required documents to:

McPherson College
Financial Aid Office
1600 East Euclid
McPherson, KS  67460

Please allow up to 2 weeks for processing. You will be notified when a decision has been made.

Note: In order to make changes to your 16-17 FAFSA information, we may require additional documentation to substantiate your situation. Special consideration forms will not be processed until we have all of the necessary documents.

Incomplete or unsigned applications will not be processed.

Separation or Divorce

Complete this section if you or your parent(s) separated or divorced after you completed the 2016-17 FAFSA.

Please indicate whom this pertains to:  ☐  Parent(s)  ☐  Student

Date of Separation/Divorce   _____/_____/_____  

Attach a copy of the separation or divorce agreement or letter from an attorney documenting that legal proceedings have begun. Be sure to complete the number in household information below.

Household Information

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List additional members on separate sheet of paper if necessary.