



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 18-19 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 2018-19 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		
Full Name	Age	Relationship

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 2016 that have been reduced or terminated during 2018. 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 2018 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 2018 household income below.

\$ _____

In your estimates be sure to combine all income and benefits you have received from January 1 of 2018 through today, with income and benefits you expect to receive from this date through December 31, 2018.

1. In 2018 how much will the father expect to earn from work? \$ _____
2. In 2018 how much will the mother expect to earn from work? \$ _____
3. In 2018 how much will you expect to earn from work? \$ _____
4. In 2018 how much will your spouse expect to earn from work? \$ _____
5. Other taxable income expected in 2018 (please identify: _____) \$ _____
6. 2018 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 2018 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 2018 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 2018 (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)

Please use this page for explanation of any requested information on former pages.