

(PLEASE COMPLETE NEXT PAGE)

Estimated 2009 Yearly Income

	Column 1	Column 2	Column 3
	Original \$	Estimated \$	Difference \$
TAXABLE INCOME:			
Wages, salaries, tips	_____	_____	_____
Interest Income	_____	_____	_____
Dividend Income	_____	_____	_____
Net income (or loss) from business, etc.	_____	_____	_____
Other taxable income, such as alimony, unemployment compensation, etc.	_____	_____	_____
AGI (Adjusted Gross Income)	_____	_____	_____
NON-TAXABLE INCOME:			
Social Security benefits	_____	_____	_____
Child support received	_____	_____	_____
Other untaxed income and benefits (please list type) _____	_____	_____	_____

All Special Circumstances must include the following documentation or the financial aid office cannot process the request:

- A completed 2009-2010 Special Circumstance Form**
- A detailed, but concise narrative of the circumstances leading to the request**
- 2008 signed Federal Tax return and W-2s**
- Requested documentation pertaining to the specific circumstance**

We will carefully review your information, but remind you that even though results may lower the Expected Family Contribution (EFC) or raise the cost of attendance, it may not result in additional financial aid.

All of the information provided by me or any other person on this form is true and complete to the best of my knowledge. If asked, I agree to provide proof of any information given on this form. I understand this request may require further documentation and is subject to the professional judgment of the Carroll College Financial Aid Office staff. Any decision is final and applies only to Carroll College. Please note if you purposely give false or misleading information, you may be fined \$20,000, sent to prison, or both.

Student Signature: _____ **Date:** ____/____/____

If Dependent

Parent Signature: _____ **Date:** ____/____/____

Return to: Carroll College Financial Aid Office
1601 N Benton Avenue
Helena, MT 59625

Phone Numbers: (800) 992-3648
(406) 447-5425
Fax Number: (406) 447-5187