



**SPECIAL CIRCUMSTANCES**  
**Carroll College, Financial Aid Office**  
**2007-2008**

Student's Name \_\_\_\_\_ ID# \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_ Daytime/Cell Phone #(\_\_\_\_) \_\_\_\_\_

This special circumstance is for the: Student/Spouse \_\_\_\_\_ or Parent(s) \_\_\_\_\_

**Professional judgment is used when there is a significant reduction of your family's financial capability in the next year compared with the information you provided on the Free Application for Federal Student Aid (FAFSA).**

**We will consider this request after you have filed the 2007-2008 FAFSA. You must provide an accurate prediction of total income for the new calendar year as instructed on this form.**

**Submit your appeal following these instructions:**

- Carefully read and follow the instructions on **both** sides of this form. (Note: You must include all documentation or we cannot process this request.)
- Prepare a detailed, but concise narrative of the circumstances leading to this request.
- Include adequate documentation that will authenticate your new financial situation. Documentation must be summarized and supported with details that are clear, concise, and stapled behind this request form.
  - Note: If you are a dependent student for financial aid purposes and the special circumstance is for your parents, be sure to include information about both parents, if both parents were originally reported on the FAFSA. One exception to reporting both parents would be if a divorce or separation has occurred.
  - Note: If you are independent for financial aid purposes and married, include information about your spouse.

**Common special circumstances**

The options listed below are most often the reasons we are requested to review special family circumstances. If you have some other highly unusual situation that you believe would affect the original results of your FAFSA application, please contact the Financial Aid Office.

**Option 1 – Medical or Unusual Non-discretionary Expenses:**

This option should be used when exceptional amounts of non-discretionary expenses have occurred for a family. Please note that debt created by personal choice, such as credit cards or car payments will not be considered.

- Medical expenses must be more than 7.5% of the Adjusted Gross Income as reported on your 2006 U.S. Income tax return.
- Any unusual expenses must be documented as paid. Only the amount paid for the current year will be allowed. You must show proof that it was not covered by insurance.
- If you or your parents are paying for elementary or secondary school tuition for other children in the household please provide copies of canceled checks or documentation of tuition payments paid.

**(must complete next page)**

**Option 2 – Loss of Income:**

Select this option only if you can demonstrate a substantial loss of income, usually greater than 20% from the information reported on the FAFSA. Please follow these guidelines:

- An accurate, documented, reflection of income earned from January 1, 2007 to date, and a reasonable prediction of any assistance that will be received by December 31, 2007.
  - **Documentation should include a signed copy of your 2006 Federal Tax return, including schedules** (If you have submitted tax forms for the verification process you do not need to submit them again); W-2's and YTD payroll stubs and other proof of income;
  - Do not forget to update spousal income, if applicable.
- You should include all other sources of support, other than salaries provided such as (Check all that may apply, and attach appropriate documentation for each item checked):

- Unemployment     Pensions     Worker's Compensation     Settlements     VA Benefits  
 Welfare, AFDC, ADC, or TANF benefits     Social Security Benefits     Child support received or paid

<b>Estimated 2007 Yearly Income</b>			
	<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>
	<b>Original \$</b>	<b>Estimated \$</b>	<b>Difference \$</b>
<b><u>TAXABLE INCOME:</u></b>			
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)	_____	_____	_____
<b><u>NON-TAXABLE INCOME:</u></b>			
Social Security benefits	_____	_____	_____
Child support received	_____	_____	_____
Other untaxed income and benefits (please list type) _____	_____	_____	_____

**Results of Appeal:**

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.

**Special Circumstance Checklist:**

- I have enclosed a copy of my **2006** Federal Income Tax form with applicable schedules and my W2  
 I have enclosed a letter detailing my circumstances and enclosed special documentation as required

I understand this request may require further documentation and is subject to the professional judgment of the Financial Aid Office staff. Any decision is final and applies only to Carroll College. Warning: 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 Ave, Helena, MT 59625  
Phone#: (406) 447-5425 Fax #: (406) 447-5187