



2010-2011 Financial Aid Special Circumstances Form

Student's Name: _____ Last four digits of SSN: _____

The Department of Education allows Financial Aid Administrators to take some special circumstances into consideration if the FAFSA does not accurately reflect a student's financial situation. These are generally situations that are uncommon or rare. This form is used to gather and document that information. If this form does not cover your situation, please contact the Financial Aid Office to see if it can be considered.

Please read the instructions carefully and pay attention to the special "NOTES" in bold type. Fill out each section that applies to you. If the FAFSA determined that you are an independent student, you do not need to include parent information.

SECTION I – UNUSUAL EXPENSES (Place a check mark on all sections that apply)

A. _____ Unusual Medical and Dental Expenses

Amount paid for unusual or ongoing major medical/dental expenses not covered by insurance in 2009? \$ _____

NOTE: If you checked this item, you must also submit a copy of "Schedule A" of the 2009 federal tax form and canceled checks or paid invoices showing amount paid. Do not include cosmetic orthodontia.

B. _____ Elementary and Secondary Education Tuition for 2010-2011

List the amount of elementary and/or secondary school tuition that you will pay for your dependent children to attend school during the 2010-2011 academic year. Do not include college expenses or amounts covered by scholarships or waivers.

Table with 4 columns: Child's Name, Age, Name of School, Amount of Tuition. Includes three rows of blank lines for data entry.

NOTE: If you checked this item, also submit a copy of the tuition bill or canceled checks or a letter from the school verifying tuition amounts.

C. _____ Other Unusual Expenses

List the amount of any other unusual expenses which you or your parents are currently making monthly payments, such as elderly dependent care. Do not list consumer debt for discretionary purchases or services.

Table with 3 columns: Type of expense, Amount, Monthly Payments. Includes two rows of blank lines for data entry.

What makes this expense unusual? _____

NOTE: If you checked this item, also submit copies of canceled checks or other proof of monthly payments.

SECTION II – PARENT ATTENDING COLLEGE

A. _____ Parent attending college at least half time during 2010-2011 and working toward a degree or certificate.

NOTE: If you checked this item, provide documentation verifying enrollment. This includes documents from the college registrar’s office or other proof of registration.

SECTION III – INCOME REDUCTION

If you will have a reduction in income for 2010 please check the appropriate reason(s) for this change. Indicate the date that this change occurred. You must also complete Section IV in which you detail your expected income for 2010 and Section V in which you give a complete explanation of the specific details regarding this income reduction.

A. _____ Loss or Reduction of Employment or Wages

Indicate the individual who had a loss/reduction of employment or wage and the date this occurred:

____ Father Date _____ ____ Mother Date _____
____ Student Date _____ ____ Spouse Date _____

NOTE: If you checked this item, submit letters from prior employers, stating termination dates and 2010 earnings to date (on letterhead, signed and dated) and letters from any current employers, stating expected earnings for 2010 (on letterhead, signed and dated).

B. _____ Loss of Unemployment Compensation

Indicate the individual who lost unemployment compensation and date this occurred:

____ Father Date _____ ____ Mother Date _____
____ Student Date _____ ____ Spouse Date _____

NOTE: If you checked this item, also provide a summary of unemployment benefits received and the expected to be received in 2010 or a statement indicating no benefits received or expected to be received in 2010.

SECTION IV – EXPECTED 2010 TAXABLE/NON-TAXABLE INCOME & BENEFITS

You only need to do this section if there will be less income in 2010 due to unusual circumstances.
 Please read these instructions carefully.

This section asks about income and benefits that you and your family expect to receive **during the year 2010**. List income up to now in the first column and project the rest of the year in the second column, then add them together in the third column. Please bring the totals to the bottom. Please don't include the student if the reduction is because of attending college in 2010. Only include data for those who have information on the student's FAFSA. Round amounts to the nearest dollar.

2010 INCOME	STUDENT (and spouse if independent)			PARENTS (if dependent)		
	Up to now in 2010	Estimated for the remainder of 2010	Estimated total for 2010	Up to now in 2010	Estimated for the remainder of 2010	Estimated Total for 2010
Income Earned from Work						
Other Taxable Income						
Untaxed Social Security Benefits						
Public Assistance (AFDC)						
Child Support						
Other Untaxed Income						
Unemployment Benefits						
Earned Income Credit						
TOTALS						

SECTION V – EXPLANATION OF EXPENSES AND/OR INCOME REDUCTION

(all must complete this section)

Please explain the reason(s) for your request for special consideration and your income reduction or additional expenses.

SECTION VI – CERTIFICATION STATEMENT (all must complete this section)

I (we) certify that the information provided on this form is complete and accurate to the best of our knowledge. If additional changes occur during the 2010-2011 academic year that would alter the information provided on this Special Consideration Form, we will immediately contact the Financial Aid Office. *(A parent's signature is only necessary when you are a dependent student and required to provide information about them on your 2010-2011 FAFSA.)*

Student Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Please return this form to the address below:

Attn: Financial Aid Office, Corban University, 5000 Deer Park Drive SE, Salem, OR 97317-9392

Fax: (503) 585-4316