



2009-2010 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.

Return this form attention: Financial Aid Office, Corban College, 5000 Deer Park Dr. SE, Salem, OR 97317, (503)585-4316 fax

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 2008? \$ _____

NOTE: If you checked this item, you must also submit a copy of "Schedule A" of the 2008 federal tax form and canceled checks or paid invoices showing amount paid.

B. _____ Elementary and Secondary Education Tuition for 2009-2010

List the amount of elementary and/or secondary school tuition that you will pay for your dependent children to attend school during the 2009-2010 academic year. Do not include amounts covered by scholarships or waivers.

Do not include college expenses.

| Child's Name | Age | Name of School | Amount of Tuition |
|--------------|-------|----------------|-------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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 dependant care. Do not list consumer debt for discretionary purchases or services.

| Type of expense | Amount | Monthly Payments |
|-----------------|--------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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 2009-2010 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 2009 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 2009 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 2009 earnings to date (on letterhead, signed and dated) and letters from any current employers, stating expected earnings for 2009 (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 2009 or a statement indicating no benefits received or expected to be received in 2009.

SECTION IV– EXPECTED 2009 TAXABLE/NON-TAXABLE INCOME & BENEFITS

You only need to do this section if there will be less income in 2009 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 2009**. 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 2009. Only include data for those who have information on the student's FAFSA. Round amounts to the nearest dollar.

| 2009 INCOME | STUDENT (and spouse if independent) | | | PARENTS (if dependent) | | |
|----------------------------------|-------------------------------------|-------------------------------------|--------------------------|------------------------|-------------------------------------|--------------------------|
| | Up to now in 2009 | Estimated for the remainder of 2009 | Estimated total for 2009 | Up to now in 2009 | Estimated for the remainder of 2009 | Estimated Total for 2009 |
| 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 2009-2010 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 dependent student and required to provide information about them on your 2009-2010 FAFSA.)

Student Signature: _____ Date: _____
 Spouse's Signature: _____ Date: _____
 Parent's Signature: _____ Date: _____