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University Center Rm 218
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SPECIAL CONDITIONS APPLICATION 2005-2006

You have indicated that your family's 2005 income will be significantly less than it was in 2004. Generally, Shawnee State University will consider changes in your anticipated income or expenses that affect your or your family's ability to pay for college. It is important for you to know that not all changes in circumstances will result in an adjustment to your aid eligibility. However, your request and documentation will be reviewed carefully. On page 2, please indicate with an "X" the reason for your change of income and provide the requested documentation.

Documentation of your 2005 estimated income, page 3, must be provided. Acceptable documentation would include copies of recent pay stubs, or a letter from an employer or agency.

ALL pages of this form must be completed. In addition, if not already on file, please submit signed copies of student and parent 2004 federal tax returns if you are a dependent student, or student and spouse 2004 federal tax returns if you are independent.

Once your request has been evaluated, you will be notified by the Financial Aid Office.

Student's Name

Address

Social Security Number

ID Number

Phone Number

Email Address

Please indicate with an "X" the reason for your change of income. Mark all that apply. You must provide the documentation before the appeal can be processed.

Loss of employment or change in employment status.

- Layoff.**
- Plant Closing.**
- Termination.**
- Loss of hours/overtime.**
- Other**

Please provide the following documentation:

- Letters from prior employers, stating termination dates and 2005 earnings to date – on letterhead, signed and dated.
- Letters from any current employers, stating expected earnings for 2005 – on letterhead, signed and dated.
- Unemployment recap showing amount of benefits received and the expected unemployment to be received in 2005 OR notarized statement indicating no benefits received or expected to be received in 2005.

Loss of taxable income.

- Alimony:** Provide court document(s) stating termination date of benefit.
- Unemployment.** Provide a letter from the unemployment office stating termination date of benefits.

Loss of untaxed income.

- Social Security.** Provide Social Security Administration notification of termination of benefits.
- Child Support.** Provide a letter or court document stating termination date of benefits.
- Worker's Compensation.** Provide a letter from Bureau of Worker's Compensation stating termination date of benefits.
- Disability.** Provide a letter from a doctor stating the disability date and prognosis for returning to work. Include a letter verifying monthly disability benefits from Social Security, Worker's Compensation, employer, or other agency.
- Separation or divorce after Free Application for Federal Student Aid (FAFSA) has been filed.** Provide a copy of the divorce decree or a copy of the legal separation document; a signed statement from your attorney, showing the date of separation; or a notarized statement from an unrelated third party.
- Death of a parent or spouse after FAFSA has been filed.** Provide a copy of the death certificate or an obituary notice.
- Other Unusual Expenses Paid.**
 - Medical and Dental Expenses.** You have paid medical or dental expenses for the 2004 calendar year that are not covered by insurance and these expenses exceed 10% of your total income. Provide a copy of Schedule A of 2004 tax returns or copies of canceled checks for 2004.
 - Elementary and Secondary Education Paid.** You have paid for elementary, junior high, and high school tuition in the 2004 calendar year for dependents in your family. (Not to exceed \$4,000 per child). Provide a letter from school stating amount you have paid for tuition in 2004.
 - Parent attending college** at least half-time in 2005-2006 in a program that leads to a college degree or certificate. Provide verification of enrollment.

2005 ESTIMATED INCOME INFORMATION

Enter the total yearly income that you, your spouse, and/or your parent(s) expect to receive from January 1, 2005 until December 31, 2005 from the sources indicated below. If question does not apply to you, write zero in the answer space.

If you (the student) filed the Free Application for Federal Student Aid as a self-supporting student, you and your spouse must complete the student/spouse information. If you are a dependent student, your parent(s) must complete the parental information.

<u>ESTIMATED 2005 TAXABLE INCOME</u>	<u>PARENTS</u>	<u>STUDENT/SPOUSE</u>
Wages, salaries, tips	Father \$ _____	\$ _____
	Mother \$ _____	\$ _____
Pensions and annuities	\$ _____	\$ _____
Interest/dividend income/capital gains	\$ _____	\$ _____
Business or farm income	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
TANF	\$ _____	\$ _____
Any other taxable income	\$ _____	\$ _____
Specify Source _____		
Total anticipated income for 2005	\$ _____	\$ _____
Current amount of your cash and savings?	\$ _____	\$ _____
Net worth of your investments?	\$ _____	\$ _____
Net worth of your business and/or investment farms?	\$ _____	\$ _____

CERTIFICATION STATEMENT

All of the information on this form is true and complete to the best of my knowledge. If asked, I agree to provide further proof of the information I have given on this form. I understand that if I purposely give false or misleading information, I may be subject to a fine, prison sentence, or both.

Student's Signature _____ **Date** _____

Spouse's Signature _____ **Date** _____

Parent's Signature (if student is dependent) _____ **Date** _____

Parent's Signature (if student is dependent) _____ **Date** _____