Financial Aid Special Consideration Form 2011-2012

Name

Last	First	MI

Social Security Number	**Emplid**	**Phone Number**
		( )

This Special Consideration Form may be used by you and your family to report unusual circumstances not addressed on the Free Application for Financial Federal Student Aid (FAFSA) that you believe affect your ability to contribute to your education at J. Sargeant Reynolds Community College. These circumstances may be conditions that impacted negatively on your 2011 finances when compared to the 2010 income reported on your 2011-2012 FAFSA or adversely affect your current income due to extraordinary expenses that provide you with less available income. Before the Financial Aid Office can review the information on this form, you must have previously filed a 2011-2012 FAFSA and been initially awarded financial aid.

The information provided on your original application may not be updated if your income reduction is not significant or appears inconsistent. Likewise, expenses for consumer goods and lifestyle choices may not be supported with additional financial aid resources.

Please complete all of the required information appropriate to your circumstances. **Incomplete forms will <u>not</u> be processed.**

1. Please check the reason for your special consideration request and attach the required documentation. Please note the Financial Aid Office reserves the right to request additional documentation, if needed.

☐ A. **Unusual medical and/or dental expenses that were incurred during the tax year provided on the FAFSA**. *Documentation needed:* Copy of 2010 federal income tax return and associated Schedule A.

☐ B. **Death, divorce, or separation has occurred since the FAFSA was filed**. *Documentation needed:* Copy of death certificate or divorce/separation decree.

☐ C. **Loss of unemployment compensation.** *Documentation needed:* Letter from unemployment office stating start/end dates and benefit amount.

☐ D. **Loss of child support.** *Documentation needed:* Letter or court document stating start/end dates and child support amount.

☐ E. **Loss of Worker's Compensation benefits.** *Documentation needed:* Letter from Bureau of Worker's Compensation stating start/end dates and benefit amount.

☐ F. **Elementary or secondary tuition.** *Documentation needed:* Letter from doctor or licensed human services provider recommending special private school attendance and payment receipts.

☐ G. **Loss of income parent and/or student (spouse, if applicable) from work due to layoff, closing of business, termination, or reduction in employment hours to attend school.** *Documentation needed:*

- Signed copy of 2010 federal tax return including all schedules and W2 statements (if you submitted a signed copy of your 2010 federal tax return previously, you do not need to resubmit them).
- Letter from previous employer documenting effective dates and severance, vacation, personal and sick leave pay out.
- Copy of last pay stub from previous job.
- Letter from unemployment office documenting effective dates and benefits received.
- Copy of most recent pay stub from current job, if applicable
- Documentation of any other income received during the calendar year

2. **Please explain in detail the reason(s) for your request for special consideration and the details of your income reduction or unusual medical/dental expenses. Provide an additional sheet if necessary.**

3. **Please provide the amount that you and your family expect to receive between January 1, 2011 and December 31, 2011. If your parent is divorced, separated, or widowed, don't include information about the other parent. If you are divorced, separated, or widowed, don't include information about your spouse.**

Income	Source	Amount
Income Earned from Work	Last paycheck stub, W-'s, tax returns, letter from employer	$
Other Taxable Income	1099, Letter from agency, 401k, severance package	$
Child Support	Letter from child support enforcement, court order	$
Other Untaxed Income	Letter from agency providing resources	$
Unemployment benefits	Virginia Employment Commission statement	$

Certification Statement: I (we) certify that the information provided on this form is complete and accurate to the best of my (our) knowledge. If I (we) provide false or misleading information, I (we) understand that I may be fined, sent to prison, or both. I (we) understand that should the circumstance(s) identified in this form change due to subsequent employment and/or receipt of monies not available at the time of submission of this form, I (we) will notify the Office of Financial Aid immediately of these changes.

A parent's signature is only necessary when you were required to provide information about them on your 2011-2012 Free Application for Federal Student Aid (FAFSA).

Student Signature **Date**

Parent Signature **Date**

J. Sargeant Reynolds Community College
Central Financial Aid Office
Post Office Box 85622
Richmond, VA 23285-5622