

# 2012-2013 Students' Special Condition Review Form

Fill out Completely and Return to the Student Services Center

Name \_\_\_\_\_ Student ID # \_\_\_\_\_

**Students' Condition for Special Review:** (must check at least one)

\_\_\_\_\_ 1. You worked full-time (at least 35 hours a week) for at least 30 weeks in 2012, but you are not working full-time now. Specify the number of weeks in 2011 that you worked full-time and the number of hours per week that you worked during this time. Give information only about yourself, not about your spouse.

\_\_\_\_\_ Number of weeks worked full-time

\_\_\_\_\_ Hours per week

\_\_\_\_\_ Pay per hour

\_\_\_\_\_ Date full-time work terminated

**Provide documentation:** Employer certification of reduced hours, termination notice from employer

\_\_\_\_\_ 2. Your spouse, who earned money in 2011, has lost his/her job for at least 10 weeks in 2012.

Calculate the number of weeks in 2012 (current year) that your spouse already has been out of work.

\_\_\_\_\_ Weeks \_\_\_\_\_ Date spouse lost job

**Provide documentation:** Termination notice from employer

\_\_\_\_\_ 3. You (or your spouse) earned money in 2011 (base year) but have been unable (for at least 10 weeks in 2012 (current year)) to earn money in the usual way. This must be the result of either a disability or a natural disaster that happened in base or current year.

\_\_\_\_\_ Disability

**Provide documentation:** Physician certification of disability

\_\_\_\_\_ Natural disaster

**Provide documentation:** \_\_\_\_\_

\_\_\_\_\_

Specify the number of weeks so far in 2012 (current year) that you (or your spouse) has been unable to earn money in the usual way.

\_\_\_\_\_ Weeks \_\_\_\_\_ Date of disability or natural disaster

\_\_\_\_\_ 4. You (or your spouse) received unemployment compensation or some untaxed income or benefit in 2011 (base year) but have completely lost that income or benefit for at least 10 weeks in 2012 (current year). The income or benefit must be from a public or private agency, from a company, or from a person because of a court order.

Source of lost income or benefits \_\_\_\_\_

\_\_\_\_\_

The number of weeks so far in current year that you (or your spouse) have not received the income or benefit.

\_\_\_\_\_ Weeks \_\_\_\_\_ Date income or benefits ceased

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ 5. You and your spouse have been separated or divorced.

\_\_\_\_\_ Date of your separation or divorce

**Provide documentation:** Separation Order/Agreement, Divorce Decree

\_\_\_\_\_ 6. Your spouse has died.

\_\_\_\_\_ Date of spouse's death

**Provide documentation:** Death Certificate

\_\_\_\_\_ 7. Your last surviving parent has died resulting in loss of support or guardianship of siblings.

\_\_\_\_\_ Date of your parent's death

**Provide documentation:** Death Certificate, court appointment as legal guardian

**Additional Dependent Support:**

Name	Age

Signature \_\_\_\_\_ Date \_\_\_\_\_

Indicate the total number of people that you will support in 2012-2013. Include yourself, your spouse and your dependent children. If you are divorced, separated or widowed, don't include your spouse. Include all dependents that now live with you and get more than half of their support from you.

\_\_\_\_\_ Number of family members in 2012-2013

Indicate the number of family members who will be in college at least half-time. Include yourself and others included in the number of people that you will support above.

\_\_\_\_\_ Number in college in 2012-2013

**List All Sources of Earned Income:**

List All Employer's Names	List Amount of Income From Source

**Documentation:** Provide a copy of your signed 2011 Federal Tax form.

**List All Sources of Unearned Income or Benefits:** (include unemployment compensation, dividends, capital gains, earned income credits, TANF, Child Support, Social Security, disability, etc.)

Source	Total Income/Benefit

**Documentation:** Provide 1099 or statements from all sources of income or benefits for 2011 for each source listed above.

Complete with year-to-date and projected income, only if approved, to complete this form before the end of the year and W2, tax form, 1099 or other documentation is not available.

I hereby certify that all 2011 income has been reported in this statement and all projected income has been estimated to the best of my knowledge. I understand that if I purposely give false or misleading information on this statement for Federal Aid determination, I may be subject to a \$10,000 fine, a prison sentence or both.

**Certification: All of the information on this form is true and complete to the best of my knowledge, and I have provided the documentation requested.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**No reviews will be made without the requested documentation.**

**Please help us help you!** Be organized and attach complete copies of all required documentation. Additional information may be requested once received. The average response time is four weeks. If we are able to make a change, you will receive a revised Student Aid Report (SAR) from FAFSA. The Financial Aid Office will then revise your award. You will receive notification if we are unable to process this request.

Moraine Park Technical College does not discriminate on the basis of race, color, national origin, sex, disability or age in employment, admissions or its programs or activities. The following person has been designated to handle inquiries regarding the College's nondiscrimination policies: Equal Opportunity Officer, Moraine Park Technical College, 235 North National Avenue, PO Box 1940, Fond du Lac, WI 54936-1940, 920-924-6459 or 920-924-3232.