



2011-2012 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 2010, but you are not working full-time now. Specify the number of weeks in 2010 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 2010, has lost his/her job for at least 10 weeks in 2011

Calculate the number of weeks in 2011 (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 2010 (base year) but have been unable (for at least 10 weeks in 2011 (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 2011 (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 2010 (base year) but have completely lost that income or benefit for at least 10 weeks in 2011 (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 2011-2012. 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 2011-2012

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 2011-2012

List All Sources of Earned Income:

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

Documentation: Provide a copy of your signed 2010 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 2010 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 2010 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.

