

Student Services Center

235 North National Avenue PO Box 1940 Fond du Lac, WI 54936-1940 920-924-3207 1-800-472-4554 financialaid@morainepark.edu Fax (920) 924-3421

2017-2018 Special Condition Review Form

Instructions: A completed Special Condition Review packet should include the following:

- an accepted financial aid award (accepted and verifiable online via myMPTC),
- a completed Special Condition Review Form,
- a statement or documentation as required to support your request.

Do not submit this information before completing the Federal Tax Return for the calendar year impacted. You may only submit one year's tax information for review and only one review may be completed in any award year. Fully complete all sections of this form.

Other Information: The information supplied with your form will be reviewed to determine if adjustments to your FAFSA can be made. Please allow 3 to 4 weeks for processing time. Additional information may be requested once received. All decisions made by the Financial Aid Office are final. You will receive notification if we are unable to process this request. If a change is made, you will receive a revised Student Aid Report (SAR) from the Department of Education. The Financial Aid Office will then revise your award.

st Name	First Name	M.I. Student	ID
one Number <i>(include area code</i>	e)		_
	ehold, including yourself. List th ime between 07/01/2017 and 0	_	or any member (excluding parents) who w
Full Name	Age	Relationship	College Attending 2017-2018
		Self	Moraine Park Technical College
Section B. Student'	's and Parent's Tax and	Other Income Inf	ormation
	and your parents (if dependent nation for (check one):) signed 2016 or 2017 Fe	ederal Tax Form.

data from the IRS on the FAFSA, we do not need the tax transcript.

Worksheet (Dependent or Independent) based on whether you needed parent's tax information on FAFSA. This form can be found at www.morainepark.edu/financial-aid/, (click on Financial Aid Forms). If you and/or your parents imported your tax

Income or Benefit	Annual Amount
ection C. Special Circumstances	
icate the reason for the requested review of your family's financial stailed letter to this Request Form documenting your circumstances	
Loss of job or parental loss of job or reduction of hours	
Suggested Documentation: Letter(s) from applicable former employer	r(s) stating the last date of employment.
Loss of benefits (Social Security Benefits, Child Support, Works	or's Componentian Alimony Unamployment Renefits at
Suggested Documentation:	er's compensation, Amnony, onemployment benefits, et
Copy of benefit termination notice and amount of benefits re	
 Copy of divorce decree indicating the last date of child support Copy of unemployment compensation letter or signed stater 	
One time income in 2015 (i.e., sale of home, capital gains, etc.	
 Suggested Documentation: Letter explaining the situation and any app 	nicable additional tax documentation.
You and your spouse or your parents (if dependent) have been	n separated or divorced since completing the FAFSA.
Date of Separation or Divorce	D'arra D'arra D
Required Documentation: Attach a copy of the Separation Order/Agree	ement or Divorce Decree.
Your spouse (or a parent) has died since completing the FA	AFSA.
Date of Death	
Required Documentation: Attach a copy of the Death Certificate.	
ection D. Certification and Signature	
oction Di Continoation and Oignatare	
ignature below certifies that the information I have provided on this form	• •
ested. I understand that the penalty for providing false or misleading info	rmation is a \$20,000 fine, a prison sentence, or both.
nt Signature (if applicable):	Date:
ent Signature:	Date:
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e Use Only ewer Notes	
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