

SPARTANBURG METHODIST COLLEGE

OFFICE OF FINANCIAL AID

1000 Powell Mill Road, Spartanburg, SC 29301

Phone 864-587-4000 Fax 864-587-4382

2011-2012 DEPENDENT STUDENT SPECIAL CIRCUMSTANCES FORM

Student Full Name

SMC ID#

Student Social Security No.

Student Home Phone No.

Student Email address, if available

Student Cell Phone No.

If your family situation has changed significantly since completing the Free Application for Federal Student Aid, you may request that these changes be taken into consideration by providing additional information. Information provided on this form, the student file, and supporting documentation will be used to determine if eligibility for financial aid can be recalculated using the supplemental information.

- I. Check the appropriate condition under which you are requesting a re-evaluation of financial aid eligibility for the 2011-2012 academic year:
- A. _____ Parent's Loss of Employment: One or both of your parent(s) earned money in 2009 but has lost his/her job.
 - B. _____ Reduction in Parent's Income: One or both of your parent's income will be significantly less in 2011 than in 2010 due to change in job, reduction in number of hours worked (company change or illness), retirement, layoffs, or loss of benefits (Social Security, unemployment compensation, AFDC, child support), etc.
 - C. _____ Reduction in Student's Income: Student's income will be significantly less in 2011 than in 2010 due to change in job, reduction in hours, or loss of benefits (e.g., Social Security)
 - D. _____ Parent's Separation, Divorce, or Death: The student's family situation has changed due to one of these events.
 - E. _____ Unusual Medical/Dental Expenses not covered by insurance.
 - F. _____ Other Significant Changes in Financial Situation: A significant change in financial situation that did not result from one of the above conditions.
- II. Attach a handwritten or typed statement explaining, in detail, the reason you are appealing. Include important dates, employer or agency names, addresses, and/or a full explanation of special circumstances.
- III. Attach verification of all 2010 household income. Please include the following:
- 1. Signed copies of parents' and student's 2010 federal and state income tax returns (all pages)
 - 2. Copies of all 2010 W-2 and 1099 forms for parents and student
 - 3. Completed 2011-2012 Dependent Verification Worksheet
- IV. Provide supporting documentation based on the condition checked above.
- Loss or Reduction of Income** – written statements from employers and/or the agency reducing the benefit (in the same statement or a new statement, include the estimated gross earnings to be received in 2011); documentation of actual income received with pay stubs, disability or social security statements, divorce agreements detailing alimony or child support amounts, etc.
- Parent's Separation, Divorce, or Death** – copies of court-filed documentation of separation and/or divorce; copy of death certificate of parent

Unusual Medical/Dental Expenses – receipts of medical and dental payments for charges incurred and paid during the 2010 or 2011 year (including medical and dental insurance premium payments); copies of bills, bank account statements, billing statements, etc. that you feel will justify your case for appeal

V. Estimated household income.

Parental Income - Enter income your parent(s) EXPECT to receive from January 1, 2011 to December 31, 2012. Do not leave any line blank. Enter zero or "NA" if not applicable.

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| <p>1. Taxable Income for 2011</p> <p>a. Father's wages, salaries, tips</p> <p>b. Mother's wages, salaries, tips</p> <p>c. Severance pay</p> <p>d. Interest and dividend income</p> <p>e. Net income (or loss) from business, farm, rents, royalties, partnerships, estates, trusts, etc.</p> <p>f. Other taxable income (alimony received, capital gains or losses, pensions, annuities, and/or unemployment compensation)</p> | <p>1. _____</p> <p>a. _____</p> <p>b. _____</p> <p>c. _____</p> <p>d. _____</p> <p>e. _____</p> <p>f. _____</p> |
| <p>2. Estimated 2011 Untaxed Income</p> <p>a. Social Security benefits paid to all family members</p> <p>b. Aid to Families with Dependent Children</p> <p>c. Child support received for all children</p> <p>d. Deductible IRA, 401, 403, or Keogh payments</p> <p>e. Payments to tax-deferred pension/savings plan (paid directly to or withheld from earnings)</p> <p>f. Payments to dependent care and medical spending accounts</p> <p>g. Housing, food, and other living allowances (military, clergy, etc.)</p> <p>h. Tax-exempt interest income</p> <p>i. Veterans non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation(DIC)</p> <p>j. Other untaxed income _____</p> | <p>2. _____</p> <p>a. _____</p> <p>b. _____</p> <p>c. _____</p> <p>d. _____</p> <p>e. _____</p> <p>f. _____</p> <p>g. _____</p> <p>h. _____</p> <p>i. _____</p> <p>j. _____</p> |

Student Income - Enter income you (the student) EXPECT to receive from January 1, 2011 to December 31, 2011. Do not leave any line blank. Enter zero or "NA" if not applicable.

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|--|---|
| <p>1. Estimated 2011 Adjusted Gross Income</p> <p>a. Student's wages, salaries, tips</p> <p>b. Severance pay</p> <p>c. Interest and dividend income</p> <p>d. Other taxable income _____</p> | <p>1. _____</p> <p>a. _____</p> <p>b. _____</p> <p>c. _____</p> <p>d. _____</p> |
| <p>2. Estimated 2011 Untaxed Income</p> <p>a. Social Security benefits</p> <p>b. Child support received</p> <p>c. Other untaxed income _____</p> | <p>2. _____</p> <p>a. _____</p> <p>b. _____</p> <p>c. _____</p> |

By signing this request for consideration of special circumstances, I (we) certify that all information reported on his form is true and correct to the best of my (our) knowledge. You will be notified in writing of the results of this evaluation, the conclusion reached by the Office of Financial Aid, and any impact that the circumstances will have on the student financial aid.

Student Signature

Date

Parent Signature

Date