

SPARTANBURG METHODIST COLLEGE
FINANCIAL AID OFFICE
1000 Powell Mill Road, Spartanburg, SC 29301
Phone 864-587-4000 Fax 864-587-4382

2011-2012 INDEPENDENT STUDENT SPECIAL CIRCUMSTANCES FORM

Student Full Name

SMC ID Number

Student Social Security No.

Student Home Telephone No. Student Email Address, if available

Student Cell Phone No., if available

If your family situation has changed significantly since completing the 2011-2012 Free Application for Federal Student Aid Form (FAFSA), you may request these changes be taken into consideration by providing additional information. Information from this form, the student file, and supporting documentation will be used to determine if eligibility for financial aid can be recalculated using this new 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. _____ Reduction in Student's or Spouse's Income: Student's and/or spouse's income will be significantly less in 2011 than in 2010 due to job change, reduction in hours, or loss of benefits such as Social Security benefits or child support.
 - B. _____ Separation, Divorce, or Death of Spouse: The student's family situation has changed due to one of these events.
 - C. _____ Unusual Medical/Dental Expenses not covered by insurance.
 - D. _____ 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 student's and spouse's 2010 federal and state income tax returns (all pages)
 2. Copies of all 2010 W-2 and 1099 forms for student and spouse
 3. Completed 2011-2012 Independent 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.

Separation, Divorce, or Death – copies of court-filed documentation of separation and/or divorce; copy of death certificate of spouse

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. Provide estimated student's and/or spouse's income information for 2011. Enter income you and your spouse EXPECT to receive from January 1, 2011 to December 31, 2012. Do not leave any line blank. Enter zero or "NA" if not applicable.

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

VI. Please provide any additional documents and/or information to the Financial Aid Office at SMC listed below.

By signing this request for consideration of special circumstances, I (we) certify that all information reported on this 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's Signature

Date

Spouse's Signature, if applicable

Date