



## 2018-19 Independent Special Circumstances Form

*Return this and other documents to:*

Bethel College Office of Student Financial Services  
 1001 Bethel Circle  
 Mishawaka, IN 46545 Phone: 574.807.7415  
 Fax: 574.807.7122 E-mail: [finaid@BethelCollege.edu](mailto:finaid@BethelCollege.edu)

Student \_\_\_\_\_ Student ID or SSN \_\_\_\_\_

You may request a recalculation of your financial aid if you meet one of the conditions listed below. Check the conditions that apply and submit supporting documentation, listed on the back. Documentation must be received before request can be reviewed. New students must complete Direct Subsidized/Unsubsidized Loan process before recalculation is considered. Request will be denied if student EFC (Expected Family Contribution) is already at zero, as student is already receiving maximum Federal aid. Please allow up to three weeks for our review process. Student will be notified by Bethel e-mail of our decision. Requests for Fall must be completed by September 30 and by January 30 for Spring semester.

- |   |  |
|---|--|
| <input type="checkbox"/> Death<br><input type="checkbox"/> Divorce/Separation<br><input type="checkbox"/> Loss of Employment/Income | <input type="checkbox"/> Unusual Medical/Dental Expenses<br><input type="checkbox"/> Other circumstances |
|---|--|

Checklist of items required along with this form:

- Letter explaining your special circumstances.
- Verification worksheet signed by student. Found at [My.BethelCollege.edu](http://My.BethelCollege.edu).
- IRS data retrieval on FAFSA; or signed 2016 Federal income tax return transcript for student and spouse. Request a transcript at [www.irs.gov](http://www.irs.gov).
- Supporting documents from the list on the reverse side.
- Completion of Direct Loan Entrance Counseling and MPN at [www.StudentLoans.gov](http://www.StudentLoans.gov).  
*(required for new students)*

### Please complete the chart below for both the student and spouse.

Provide following information for January 1 through December 31, 2018. (Give estimates, if necessary).	Student	Spouse
Wages, salaries, tips, etc.		
Other income: Child Support, Unemployment, etc.		
Untaxed income: Military, clergy, housing allowance, etc.		
Cash/Savings/Checking accounts – current balance		

**Certification Statement:** I understand that if I knowingly make a false statement or misrepresentation, further financial assistance may be denied and repayment of current assistance may be required. I certify that all information submitted with this request is true and complete to the best of my knowledge. If asked, I agree to provide any documentation requested by the Student Financial Services Office to prove the accuracy of this information.

\_\_\_\_\_  
 Student Date E-mail address

\_\_\_\_\_  
 Spouse (optional) Date E-mail address

## REQUIRED DOCUMENTATION

Documentation must be included for the request to be reviewed, and is determined by the type of situation below:

### **Death of a spouse**

- A copy of the death certificate.

### **Divorce/Separation**

- A statement describing current living arrangements for all family members, custody of any dependents.  
**and**
- A copy of court documents regarding legal separation/divorce/custody/child support.

### **Loss of Employment/Loss of Income – student/spouse**

- A statement indicating the circumstances regarding the job loss and any prospects for employment in the near future.
- Documentation from the former employer indicating beginning and ending dates of full-time employment.
- Documentation of all earned income from January 1 to present; such as latest check stub, or official document from last employer.
- Documentation of unemployment/disability benefits or denial of benefits.

### **Unusual Medical/Dental Expenses**

- Copies of statements for medical or dental expenses not covered by insurance **and** copy of Schedule A from Federal Income Tax Form 1040.

### **Other unusual circumstances**

*Private school tuition paid (elementary or secondary).*

- Provide billing statement for each student, including name, age of child and relationship to student.

*Dependent or elder care expense*

- Include name, age, relationship to student and documentation of expenses.

*Support to extended family*

- Include name, age, relationship to student and documentation of expenses.

*Other circumstances as presented to Student Financial Services*

- Documentation to support your request.

For Office Use

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Student notified: e-mail \_\_\_\_\_ letter \_\_\_\_\_ phone \_\_\_\_\_

Comments: \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Office use: Letter \_\_\_\_\_ VW \_\_\_\_\_ Stutax \_\_\_\_\_ W2 \_\_\_\_\_ Stafford \_\_\_\_\_ Docs \_\_\_\_\_ Complete \_\_\_\_\_