

2015-2016 Consideration of Special Circumstances



Pine Technical &
Community College

Last Name: _____ First Name: _____ M.I.: _____ Student ID
or SSN: _____

According to federal laws and regulations, income from 2014 is used to determine eligibility for the 2015-2016 financial aid year. If your income (or your family's income) is reduced, the Pine Technical College Financial Aid Office may be able to take into account reduced income or other extenuating circumstances to determine your financial aid eligibility for 2015-2016. Please complete this form if there have been substantial changes to the income documented on your 2014 federal tax return.

**** PLEASE NOTE:** All appeals require completion of the Verification process. If you have not already been selected for Verification, you will need to complete a 2015-2016 Verification Worksheet (Dependent or Independent, as applicable) and submit copies of your 2014 taxes and your parent's 2014 taxes (if you are a dependent student) along with any required documentation listed below. The Financial Aid Office reserves the right to request additional documentation not listed on this form.

STEP 1: AFFECTED PERSON(S)

Name(s) of person(s) whose income(s) have changed: _____

How is the above person/persons related to you? (Check all that apply)

Self Spouse Father/Step-Father Mother/Step-Mother Other (explain) _____

STEP 2: REASON FOR CHANGE

Please check the reason for your loss of income. Be sure to include the date this event happened. Please submit all required documentation listed by the circumstance you select. **All applicants must submit a copy of their 2014 federal income tax return if they are submitting this form after January 1, 2016.**

Loss of Job

Required: Last paystub for job lost (and paystub for additional jobs held, if any)
Determination of Benefits Rights letter for unemployment benefits

Decrease in work hours of current position

Required: Last paystub of previous hours
Most recent paystub for all jobs held

Change of job resulting in reduction of income

Required: Last paycheck previous job
Most recent paystub for all jobs held

Loss of unemployment benefits

Required: Paystub(s) before and after employment
Determination of Benefits Rights letter for unemployment benefits

Medical expenses not covered by insurance

Required: Copies of all expense receipts and insurance papers
Proof showing what you paid out-of-pocket (cancelled checks, receipts, etc.)

Death of family member

Required: Copy of death certificate, obituary notice or memorial program

Disability of family member

Required: Statement from physician as to nature and condition of disability and date disability began.

Other: _____

Required: Any appropriate documentation

Date(s) of Change: _____

*****PLEASE COMPLETE THE REVERSE SIDE*****

STEP 3: DETAILED EXPLANATION (please print clearly)

Please provide a detailed explanation of your situation (you may attach a separate sheet if you like):

A. SIGNATURES

By signing this form we (I) are certifying the information provided is true and accurate. If we (I) purposely give false or misleading information on this form, we (I) may be fined, be sentenced to jail, or both. If asked by a financial aid administrator we (I) agree to provide proof of the information we (I) have reported. We (I) understand that failure to provide any documentation requested will result in denial of this application. By signing this form, we (I) are promising to inform the Pine Technical College Financial Aid Office if our (my) financial aid circumstance changes at any point after the consideration for special circumstances has been processed.

Student's Signature

Date

Parent's Signature
(If parent's information was required on the FAFSA)

Date



800.521.7463/
320.629.5100



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