

**2009 – 2010  
REQUEST FOR CONSIDERATION  
OF SPECIAL CIRCUMSTANCES**



**STUDENT NAME:** \_\_\_\_\_ **Student ID#:** M00

The Financial Aid Office at Monroe Community College realizes that families sometimes experience unforeseen circumstances and/or expenses during an academic year. This form is designed to address your possible need for additional funding as a result of these unusual circumstances or expenses.

**SECTION A** – Please check all conditions that apply and submit **ALL** necessary documentation for each condition. **Request's for Consideration of Special Circumstances will not be processed without all required information as outlined below.** Requests for Conditions 1 & 2 below, will not be accepted until September 1, 2009.

**The circumstances cited in this request apply to: (check as appropriate)**

\_\_\_\_\_ Mother/Stepmother    \_\_\_\_\_ Father/Stepfather    \_\_\_\_\_ Student    \_\_\_\_\_ Spouse

**This form is being filed as a result of:**

<p>_____ <b>1. Loss of Employment.</b></p>	<p><b>Required Information</b></p> <ul style="list-style-type: none"> <li>• Letter of explanation of circumstances from student/parent.</li> <li>• Last date of employment ____/____/____.</li> <li>• Copies of most recent 2009 pay stub(s) as of today for each job held by parents/student/spouse.</li> <li>• Proof of unemployment income</li> <li>• Complete Section B on the reverse side of this form.</li> </ul>
<p>_____ <b>2. Reduction in or loss of income or benefit</b> (Such as: Unemployment Benefits, Workers Compensation, Child Support,, Untaxed Retirement Disability, Welfare, TANF)</p>	<p><b>Required Information</b></p> <ul style="list-style-type: none"> <li>• Letter of explanation of circumstances from student/parent.</li> <li>• Last date of receipt of benefits/income ____/____/____.</li> <li>• Documentation of cancellation of benefits/income.</li> <li>• Documentation of 2009 Income. (copies of most recent pay stubs)</li> <li>• Complete Section B on the reverse side of this form.</li> </ul>
<p>_____ <b>3. Separation/Divorce.</b></p>	<p><b>Required Information</b></p> <ul style="list-style-type: none"> <li>• Letter of explanation of circumstances from student/parent.</li> <li>• Date of separation/divorce ____/____/____.</li> <li>• Documentation of separation/divorce.</li> <li>• Complete Section B on the reverse side of this form.</li> </ul>
<p>_____ <b>4. Death of parent or spouse.</b></p>	<p><b>Required Information</b></p> <ul style="list-style-type: none"> <li>• Letter of explanation of circumstances from student/parent.</li> <li>• Date of death ____/____/____.</li> <li>• Copy of Death Certificate</li> <li>• Complete Section B on the reverse side of this form.</li> </ul>
<p>_____ <b>5. Parent enrolled in college at least half-time as matriculated degree student.</b></p>	<p><b>Required Information</b></p> <ul style="list-style-type: none"> <li>• A copy of paid tuition bill or receipt.</li> <li>• Verification of enrollment in a degree program.</li> </ul>
<p>_____ <b>6. Other</b></p>	<p><b>Required Information</b></p> <ul style="list-style-type: none"> <li>• Submit a detailed letter explaining the situation and provide any necessary documentation.</li> </ul>

SEE OTHER SIDE FOR SECTIONS B AND C

**STUDENT NAME:** \_\_\_\_\_ **Student ID#: M00** \_\_\_\_\_

**SECTION B – Expected 2009 Income Worksheet** (To be completed only if you checked items 1 - 4)

**INSTRUCTIONS:** Please complete this page using expected income for 2009 of the person/people having the special situation. We cannot assume a blank line to mean “0” or “none”. Insert the appropriate response on each line. You must submit documentation of ALL estimated income. If filing this form for separation or death of a parent, use only your custodial parent’s income.

**Provide expected 2008 Income (January 1, 2009 through December 31, 2009) from ALL of the income sources listed below for the person(s) whom the special circumstances effects:**

<b>Taxable Income</b>	<b>Father</b>	<b>Mother</b>	<b>Student</b>	<b>Spouse</b>
Income earned from work	_____	_____	_____	_____
Unemployment Benefits	_____	_____	_____	_____
Business or Farm Income	_____	_____	_____	_____
Pensions & Annuities	_____	_____	_____	_____
Taxable Interest/Dividend Inc.	_____	_____	_____	_____
Taxable Soc. Sec. Benefits	_____	_____	_____	_____
Other Taxable Income (pensions, alimony, rental, etc.)	_____	_____	_____	_____

**Total 2009 Taxable Income** \_\_\_\_\_

<b>Non-Taxable Income</b>	<b>Father</b>	<b>Mother</b>	<b>Student</b>	<b>Spouse</b>
Tax-deferred pension payments	_____	_____	_____	_____
Deductible IRA/Keogh payments	_____	_____	_____	_____
Child support received	_____	_____	_____	_____
Untaxed portions of pensions	_____	_____	_____	_____
Workers compensation	_____	_____	_____	_____
Veterans non-education benefits	_____	_____	_____	_____
Tax exempt interest income	_____	_____	_____	_____
Living allowances for clergy or Members of the military	_____	_____	_____	_____
Any other untaxed income	_____	_____	_____	_____

**Total 2009 Non-Taxable Income** \_\_\_\_\_

**SECTION C – Certification by person(s) requesting special circumstance consideration.**  
 The information provided on this form is true and complete to the best of my knowledge. I agree to provide additional documentation if requested. I further agree to notify the Monroe Community College Financial Aid Office of any error or omission in the above information, or of any further circumstances which affect the accuracy of the provided information. I understand that failure to comply with this agreement could result in forfeiture of financial aid eligibility of the student.

\_\_\_\_\_

Student Signature                      Date                      Parent Signature                      Date

Please return the completed form to the MCC Financial Aid Office  
 1000 East Henrietta Road Rochester, New York 14623