

2010 – 2011 FINANCIAL AID SPECIAL CONSIDERATION FORM

Last Name _____ First Name _____ Soc. Sec. No. _____

This Special Consideration Form can be used by you and your family to report unusual circumstances which may impact upon your ability to pay for your education at NSU. These circumstances can be conditions which have reduced your income for 2010 or extraordinary expenses that provide you with less disposable income. Before the Financial Aid Office can review the information on this form, you must have previously filed a 2010-2011 Free Application for Federal Student Aid (FAFSA).

The information provided on your original application may not be updated if your income reduction is not significant, appears inconsistent, or seems inadequate to support your family size. Likewise, expenses for consumer goods and lifestyle choices may not be supported with additional financial aid resources.

Please complete all of the required information appropriate to your circumstances. Incomplete forms will not be updated. **Be sure to provide a written explanation of your circumstances and reason for your request for reconsideration and complete all required signatures in Section III.**

SECTION I

Check all applicable items and answer the questions which apply to you and your family.

A. Unusual Medical and Dental Expenses

(Please provide copies of all paid medical/dental expenses.)

How much did you pay for your medical/dental insurance in 2009? (Do not include employer's contribution). \$ _____

Amount paid for 2009 medical/dental expenses not covered by insurance? \$ _____

Amount paid for 2010 medical/dental expenses not covered by insurance? \$ _____

B. Loss or Reduction of Employment or Wages (**You must complete Section II on reverse side.**)

(Please provide a letter from employer stating termination date or reason for reduction in earnings along with a year-to-date earnings statement. If your business or farm has closed due to bankruptcy, foreclosure or natural disaster you must provide a letter from your accountant, attorney or banker outlining the circumstances. We also request that you provide a copy of your 2009 IRS tax return, complete with schedules.)

C. Separation or Divorce (**You must complete Section II on reverse side.**)

(If you or your parent has become separated or divorced you must provide a letter documenting the date of separation or divorce along with a list of dependent children who will live with you, monthly maintenance support and division of assets.)

D. Death of Parent/Spouse (**You must complete Section II on reverse side.**)

The student has already applied for Federal student aid, but since that time, one of the student's parents has died. Write in the name of parent and date that your parent died. _____

A married student has already applied for Federal student aid, but since that time the student's spouse has died. Write in the name of spouse and date that your spouse died. _____

E. Other Income Reduction (**You must complete Section II on reverse side.**)

If the reason for your income reduction was not listed above (ex. – loss of child support, social security benefits, etc.), please provide our office with any documentation that would be informative of your situation. Documentation should give specific details of the reason your income has been reduced, effective date and other pertinent details of the change in income.

SECTION II

This part asks about income and benefits that you and your family **expect** to receive between January 1, 2010 and December 31, 2010. If your parent is divorced, separated, or widowed, don't include information about the other parent. If you are divorced, separated or widowed, don't include information about your spouse. Answer these questions as accurately as you can. If a question doesn't apply to you or if you don't expect to receive any income from that source, write in "0." List the **GROSS** amount for each income source. We will not be able to adjust our analysis if the 2010 projections are not accompanied by the documentation requested on the front of this form.

	Parents	Student (and Spouse)
Income Earned from Work (Include W-2 wages, farm income, business income)	Father \$ _____	Student \$ _____
Income Earned from Work (Include W-2 wages, farm income, business income)	Mother \$ _____	Spouse \$ _____
Other Taxable Income (This includes interest, dividends, alimony, rents, royalties, etc.)	\$ _____	\$ _____
	\$ _____	\$ _____
Social Security Benefits	\$ _____	\$ _____
Child Support Received	\$ _____	\$ _____
Public Assistance/AFDC/TANF	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
Untaxed Income	\$ _____	\$ _____
Other Income	\$ _____	\$ _____

SECTION III – CERTIFICATION STATEMENT

(You must complete this section)

WARNING: If you purposely give false or misleading information on this form, you may be subject to a \$20,000 fine, a prison sentence, or both.

We certify that the information provided on this form is complete and accurate to the best of our knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form.

Student's Signature _____ Date _____

Spouse's Signature _____ Date _____

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Submit this form along with all the requested documentation to:

**Enrollment Services
Financial Aid Office
Northern State University
1200 S. Jay St.
Aberdeen, SD 57401**