

BRYN ATHYNN COLLEGE

Special Circumstances Appeal Form 2012-2013

You may complete the Special Circumstances Appeal form if you are a dependent student whose parents' current financial situation is not accurately reflected by 2011 tax information. Your family's 2011 income is used to determine your financial aid eligibility for the 2012–2013 school year. However, if your family's income is lower due to special circumstances (e.g. loss of a job, separation or divorce, death, disability, unusual medical expenses, etc.), a financial aid administrator may be able to use estimated 2012 income to determine your financial aid eligibility.

You must first apply for financial aid by completing the 2012–2013 FAFSA (Free Application for Federal Student Aid) which is based on 2011 tax information. Your appeal, which is filed after submitting the FAFSA, is complete when you attach the documentation that validates your special circumstances. No action will be taken until this completed form and all required documentation is submitted to the Bryn Athyn College Financial Aid Office.

Submit all of the following:

- A personal statement signed by a parent, which explains their situation
- Your parents' 2011 federal tax Form **1040, 1040A, 1040EZ**, (all pages, schedules, and **W-2s**)
- Your 2011 federal tax Form **1040, 1040A, 1040EZ**, (all pages, schedules, and **W-2s**).
- Special Circumstances Appeal form completed correctly.

Appeal Categories

Select the category that pertains to your special circumstance.

1) Parent enrolled at least half time in a degree or certificate college program

- Provide a paid tuition and fee statement that indicates the number of credits for which your parent is registered during the 2012–2013 academic year.

2) Separation, divorce, or death of a parent

You have already filed your annual Free Application for Federal Student Aid (FAFSA) and since that time, your parents have separated or divorced, or a parent has died.

- Provide **legal separation papers or divorce decree; or**
- **Evidence of separate living accommodations** if no legal separation exists; or
- **A death certificate and documentation of year-to-date earnings for deceased parent.**

3) Tuition expenses for private elementary or secondary education

Your parent(s) pay elementary or secondary school tuition for a member of your family during the 2011–2012 academic year. Only expenses not covered or reimbursed by another agency/source will be considered. Only tuition incurred during the 2011–2012 academic year (after September 2011) will be considered.

- Provide a copy of the **school's enrollment contract** that includes name(s) of your parents' child(ren) enrolled during the 2011–2012 academic year, tuition cost, and the amount of any scholarships or grants that subsidize the tuition.

4) Nursing home expense / adult dependent care

Your parent(s) pay nursing home or adult dependent care facility for services to a family member during the 2011–2012 academic year.

- Provide documentation that your family member is being cared for by a nursing home, other facility, person, or agency.
- Provide documentation of your payments; i.e. copies of canceled checks or payment receipts from person, facility or agency.

5) Loss or reduction of employment, loss of military employment or benefits

Your parent earned money in 2011 and has had an income reduction (loss of overtime will not be considered), or have lost employment for at least 8 weeks in 2012 that has resulted in a reduction of income. **Eight (8) weeks** must have passed prior to submission of this appeal for either circumstance.

- Provide **written verification** from your parent's former employer(s) indicating start and end date of employment or reduction of hours, amounts received for earnings, severance pay, vacation, and retirement payout; **and**
- A written statement from your parent's current or future employer(s) indicating expected gross earnings for the calendar year 2012. Year 2012 earnings must be documented from your parent's employer projecting earnings or with copies of your parent's two most recent pay stubs; **and**
- **Eligibility forms** that indicate dates and amount of unemployment benefits, such as unemployment compensation you are or will be receiving.

6) Loss of taxed/untaxed income or benefit

Your parent received unemployment compensation, or another taxed or untaxed income or benefit in 2011, and has completely lost that income or benefit for at least 8 weeks in the calendar year 2012. **Eight (8) weeks** without compensation must have passed prior to your submission of this appeal. The untaxed income or benefit must be from a public or private agency, a company, or from a person due to court order. Do not include loss of educational veteran's benefits. Income and benefits may include: Social Security benefits, Supplemental Security Income (SSI), child support, untaxed retirement or disability benefits, and welfare benefits.

- Provide copies of **all contracts, agency notices, or legal papers** that indicate the date your parent's taxed/untaxed income or benefit was terminated, what amount of income came from that source, and how that income was used.

7) Loss of one-time income

Your parent received one-time income in 2011 that will not occur in 2012 (e.g., rollover into a Roth IRA, moving expense allowance, back-year Social Security payments, or a divorce settlement). **Not considered** is one-time income from an inheritance, job bonus, overtime compensation, gambling winnings, pension, capital gain, insurance settlements, or early distributions of retirement accounts.

- Provide copies of **all contracts, agency notices, or legal papers** that indicate the date your parent's one-time income was terminated, what amount of income came from that source, and how that income was used.

8) Unusual, unreimbursed medical care expenses

Your parent(s) have **already paid** for unusual or unexpected, **non-recurring** medical expenses for a member of your household that are not reimbursed. Only those costs not covered by insurance or another agency are considered. These expenses must be at least \$2,000.

- Provide copies of canceled checks that document your PAID medical expense.

Payment of insurance premiums, regular health maintenance, and routine expenses such as eyeglasses, birth control prescriptions, and elective or cosmetic procedures are not considered.

9) Medical expenses for certified disabled student

If you, the student, have medical expenses due to a chronic disability, these costs may be considered in your financial aid eligibility. Disability related costs are those expenses attributable to maintaining a chronic illness or condition that is not due to an unexpected incident or emergency.

- Provide a **statement from health care provider** and/or **disability services** that documents the unusual condition; and
- **Receipts or canceled checks** that indicate **payment** for medical treatment of this condition.

Student information

Student Name: _____
LAST FIRST MIDDLE

Student ID number: _____

Date ____/____/____

Home Address: _____
STREET/P.O. BOX APT. NO.

CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

Phone: (____) _____ (____) _____
HOME CELL

List all family members included on your 2011–2012 FAFSA. *(If you need more space, you may add more family members in your personal statement.)*

Name	Date of Birth	Relationship to Student	Post-secondary institution she/he will attend at least half time from July 1, 2010 to June 30, 2011	Social Security Number
		Self	Bryn Athyn College	
		Father/stepfather		
		Mother/stepmother		
		Sibling		
		Sibling		

Income Source Table

				January 1 - December 31, 2011	Actual January 1, 2012 - Today	Estimated Today - December 31, 2012	Total Actual + Estimated
1. Income earned from work by mother (wages, salary, and tips, for example)							
2. Income earned from work by father (wages, salary, and tips, for example)							
3. Income earned from work by student (wages, salary, and tips, for example)							
4. Business, farm, or rental income							
5. Interest/dividend income, specify by source and value:							
source	\$ value	source	\$ value				
6. Unemployment compensation							
7. Capital gains							
8. Spousal maintenance							
9. Child support							
10. Welfare benefits (such as AFDC or TANF)							
11. Veterans benefits							
12. Social Security benefits (including SSI)							
13. Workers' compensation							
14. Short-term or long-term disability benefits							
15. Severance pay							
16. Withdrawal from retirement account							
17. Other (e.g., pension, annuity, rental in come, housing allowance, bonuses)							

Certification

To the best of my knowledge, the information in this appeal is correct and true. I understand that misrepresentation of facts in connection with this appeal, whenever discovered, may be sufficient cause, in and of itself, for cancellation and repayment of financial aid. I understand that my federal tax return will be used to verify the current financial aid application information. WARNING: If you use this form to establish eligibility for federal student financial aid and purposely give false or misleading information, you may be fined \$10,000, sent to prison, or both.

Student signature: _____

Date: _____

Parent signature: _____

Date: _____

**Send this completed form and appropriate documentation to:
Financial Aid Office
Bryn Athyn College
Box 462
Bryn Athyn, PA 19009**