

# 2018-2019 Special Consideration Form

Name \_\_\_\_\_

Student ID # \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**NOTE: Approval of this request does not necessarily make the student eligible for a Pell Grant. It only means a Federal recalculation of eligibility will be performed.**

**Forms which are incomplete or illegible will be returned to the student.  
*Please read instructions carefully.***

The purpose of this form is to assist you in reporting changes in the financial circumstances of you and/or your family that will in some way limit the ability of you and/or your parents to contribute toward your 2018-2019 college costs.

Although federal law allows institutions to accept special consideration appeals; however, it is not required. Appeals are handled on a **time-available basis**, and no estimate is made of the length of time that will be required for review, since it may vary with the time of year. Appellants should recognize that the original assessment of their need is the assessment of record, and should plan their finances accordingly. In reviewing appeals, Casper College will, to the extent possible, treat appellants in similar situations consistently, while recognizing that each case must be determined individually.

Appeals of this type are rarely granted for two successive years, due to the nature of the appeal process. If a student's family's estimated data qualify him for aid on appeal, then the student should also qualify in the second year when the actual data are provided and documented.

Appeals are always answered in writing. There is no need for the appellant to telephone or visit the office to determine the status of the appeal.

**Important: This form and any attachments (letters of explanation, documentation, etc.) should be signed, dated, and reflect the name and social security number of the student.**

*For office use only – Received Date & Initial*



## Enrollment Services

Gateway Building 3<sup>rd</sup> Floor - 125 College Drive - Casper, WY 82601  
(800)442.2963 - (307)268.2323 - fax (307) 268-2611 - [enrollmentservices@caspercollege.edu](mailto:enrollmentservices@caspercollege.edu)

**A. CIRCUMSTANCE SELECTION** - mark the box next to the applicable situation.

Dependent Student	Independent Student
<input type="checkbox"/> A parent who earned money in 2016 has lost his or her job for at least 10 weeks in 2018.	<input type="checkbox"/> You worked full-time (at least 35 hours a week) for at least 30 weeks in 2016, but you aren't working full-time now. <input type="checkbox"/> Your spouse earned money in 2016, but has lost his or her job for at least 10 weeks in 2018.
<input type="checkbox"/> A parent who received unemployment compensation or other untaxed income or benefit in 2016 has <u>completely</u> lost that income or benefit for at least 10 weeks in 2018. The untaxed income or benefit must be from a public or private agency, from a company, or from a person because of a court order.	<input type="checkbox"/> You (or your spouse) received unemployment compensation or other untaxed income or benefit in 2016, but have <u>completely</u> lost that income or benefit for at least 10 weeks in 2018. The untaxed income or benefit must be from a public or private agency, from a company, or from a person because of a court order.
<input type="checkbox"/> Your parents have separated or divorced <u>after</u> you have applied for Federal student aid.	<input type="checkbox"/> You and your spouse have separated or divorced <u>after</u> you have applied for Federal student aid.
<input type="checkbox"/> A parent, who received income in 2016, has died <u>after</u> you have applied for Federal student aid.	<input type="checkbox"/> Your spouse, who received income in 2016, has died <u>after</u> you have applied for Federal student aid.

**B. WRITTEN EXPLANATION AND DOCUMENTATION** - Provide a written statement explaining the specific circumstances *and* dates relating to the special condition indicated above. **Attach documentation to support your claim.** If you need more room, please attach a separate sheet of paper.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**C. INDEPENDENT STUDENTS MUST COMPLETE SECTION D.  
DEPENDENT STUDENTS MUST COMPLETE SECTIONS D AND E.**

**D. INCOME FOR JANUARY 1, 2018, TO DECEMBER 31, 2018.** - Please complete as thoroughly as possible. **DO NOT LEAVE BLANKS. PLEASE ENTER ZERO IF THE AMOUNT IS ZERO.** List income that was received from January 1, 2018, until now in the first column and estimate the amounts to be received from now until December 31, 2018, in the second column. Then total the first and second columns.

\*\*If after 12/31/2018, list actual income for 2018 in first column and leave 'estimated' column blank.

**Student/Spouse (If more than 24 years of age and/or married)**

	<b>ACTUAL + 1-1-18 to Today Date ___/___/___</b>	<b>ESTIMATED = Today to 12-31-18</b>	<b>TOTAL (ACTUAL + ESTIMATED COLUMNS)</b>
Student's Income earned from work	\$	\$	\$
Spouse's Income earned from work	\$	\$	\$
Taxable interest income	\$	\$	\$
Taxable pensions/annuities	\$	\$	\$
Unemployment Compensation	\$	\$	\$
Taxable portions of Social Security	\$	\$	\$
Alimony/Spousal Support	\$	\$	\$
Housing, food, and other living expenses for military, clergy, and others (including cash payments and cash value of benefits).	\$	\$	\$
Veterans non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$	\$	\$
Welfare benefits or TANF	\$	\$	\$
Untaxed pensions/annuities	\$	\$	\$
Workers' compensation	\$	\$	\$
Child support received	\$	\$	\$
IRA/KEOGH contributions	\$	\$	\$
Untaxed interest income	\$	\$	\$
Cash received or any money paid on your behalf, not reported elsewhere.	\$	\$	\$
Other untaxed income or benefits not reported elsewhere.	\$	\$	\$

**\*\*Parent information required for students less than 24 years of age on page 4**

**CERTIFICATION STATEMENT - Read and sign where indicated.**

**Warning: If you purposely give false or misleading information on this form you may be subject to a \$10,000 fine, a prison term, or both.**

All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that this proof may include a copy of my US tax return. I also realize that if I do not give proof when asked, the student may not receive aid.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

**E. INCOME FOR JANUARY 1, 2018, TO DECEMBER 31, 2018** – Please complete as thoroughly as possible. **DO NOT LEAVE BLANKS. PLEASE ENTER ZERO IF THE AMOUNT IS ZERO.** List income that was received from January 1, 2018, until now in the first column and estimate the amounts to be received from now until December 31, 2018, in the second column. Then total the first and second columns.

\*\*If after 12/31/2018, list actual income for 2018 in first column and leave 'estimated' column blank.

**Parent Information (for Dependent Students less than 24 years of age)**

	<b>ACTUAL + 1-1-18 to Today Date ___/___/___</b>	<b>ESTIMATED = Today to 12-31-18</b>	<b>TOTAL (ACTUAL + ESTIMATED COLUMNS).</b>
Father's Income from work	\$	\$	\$
Mother's Income from work	\$	\$	\$
Taxable interest income	\$	\$	\$
Taxable pensions/annuities	\$	\$	\$
Unemployment Compensation	\$	\$	\$
Taxable portions of Social Security	\$	\$	\$
Alimony/Spousal Support	\$	\$	\$
Housing, food, and other living expenses for military, clergy, and others (including cash payments and cash value of benefits).	\$	\$	\$
Veterans non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$	\$	\$
Welfare benefits or TANF	\$	\$	\$
Untaxed pensions/annuities	\$	\$	\$
Workers' compensation	\$	\$	\$
Child support received	\$	\$	\$
IRA/KEOGH contributions	\$	\$	\$
Untaxed interest income	\$	\$	\$
Cash received or any money paid on your behalf, not reported elsewhere.	\$	\$	\$
Other untaxed income or benefits not reported elsewhere.	\$	\$	\$

**CERTIFICATION STATEMENT** – Read and sign where indicated

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

All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that this proof may include a copy of my US tax transcript. I also realize that if I do not give proof when asked, the student may not receive aid.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

All applicants will be considered equally without regard to race, color, national origin, sex, age, religion, political belief, handicap, or veteran status. If reasonable accommodations are necessary to help you complete this form, please contact Enrollment Services.