BSC Office of Financial Planning

2016-17 REQUEST FOR SPECIAL CONSIDERATION

Purpose of this form: To provide the Office of Financial Planning with information that indicates a significant change to family finances that are not represented on the 2016-17 FAFSA.

How to use this form: Complete this form then print, sign, attach documentation, and submit to the BSC Office of Financial Planning. Do not send any forms that include a SSN without redacting the number. Please mark all forms with the student’s name and BSC ID.

Part I. Student and Parent Information
1. Student: ____________________________________________
2. BSC ID: ____________________________________________
3. Student has filed the 2016-17 FAFSA: (Yes or No)
4. Student has received a 2016-17 financial aid award letter from BSC? (Yes or No)
5. Person Completing this Request: _________________________________________
   a. Your email address: _____________________________________________
   b. Your phone #: _________________________________________________
   c. Relationship to Student: __________________________________________

Go to Part II.

Part II. Verification of 2016-17 FAFSA Information (If FAFSA was selected for verification)
1. Student has already submitted 2016-17 financial aid verification documents to BSC? (Yes or No)
2. I have attached the 2016-17 Verification Worksheet? (Yes or No)
3. I have attached a signed copy of the parent’s 2015 IRS Tax Return Transcript? (Yes or No)
4. I have attached a signed copy of the student’s 2015 IRS Tax Return Transcript? (Yes or No)

Go to Part III.

Part III. Change(s) to Income, Benefits, Resources.
1. Does the 2015 federal income tax return reflect one-time income that will not be available to your family in 2016? (Yes or No)
   a. If yes, what is the amount of one-time income received in 2015 that will not be available during 2016? $ ______________.
   b. Briefly describe this income. __________________________________________
      __________________________________________
      __________________________________________
      __________________________________________
      __________________________________________
      __________________________________________

Go to next item.
2. Will your family’s income for 2016 be substantially less than the 2015 income, as reported on the 2015 federal income tax return as a result of a job termination, lay off, reduction, business closing? (Yes or No)
   If yes, please provide the following:
   a. Date of job loss or job change: __________________
   b. Attach documentation from former and/or new employer that supports income adjustments.
   c. Family income for 2016, year-to-date: $____________________
   d. Projected income for the remaining months of 2016: $____________________
   e. Projected total income for 2016: $____________________

Go to next item.

3. Has your family incurred and paid substantial medical bills during 2016 that your family did not incur and pay during 2015? (Yes or No)
   a. If yes, please attach documentation showing the amount of medical expenses incurred and paid during 2015.

Go to next item.

4. Has your family incurred additional expenses or losses as a result of a natural disaster during 2016? (Yes or No)
   a. If yes, briefly describe the natural disaster. _______________________________________
      __________________________________________________________________________
      __________________________________________________________________________
      __________________________________________________________________________
      __________________________________________________________________________
   b. Provide date and location: Date ____________ Location____________________________
   c. What is the approximate amount of expenses related to this natural disaster that your family incurred and paid during 2016? $____________________.
   d. What is the approximate amount of financial losses suffered by your family during 2016 as a result of this natural disaster? $____________________.
   e. If available, please provide documentation to support amounts indicated.

5. Did your family pay private elementary or secondary school tuition for other children during 2015? (Yes or No)
   a. If yes, provide the total amount of tuition paid during 2015. $____________________.
   b. If yes, please attach documentation supporting amounts listed above.

6. Has your family experienced some other type of extenuating, unusual circumstances that impact your financial stability and resources available to you during 2016? (Yes or No)
   a. Briefly describe those circumstances:
      __________________________________________________________________________
      __________________________________________________________________________
      __________________________________________________________________________
      __________________________________________________________________________
   b. If documentation is available, please attach documentation to support information provided above.
Thank you for your cooperation.
In order to ensure the information you are providing is accurate, please complete the following steps:

- Review your responses
- Print the form
- Attach documentation, as required
- Certify and send to:

**Office of Financial Planning**
900 Arkadelphia Road
BOX 549016
Birmingham, AL 35254

You may also fax to **(205) 226-3082** or email to **finaid@bsc.edu**. If you send your form via email do **not include SSN on any of your documentation**! If you have any questions please call **(205) 226-4688**

- Allow sufficient time for a thorough review of your request and reprocessing of your FAFSA, if required.

**Part IV. Certification.** I certify that, to the best of my knowledge and information available to me as of the date of my signature, that information on this Request for Special Consideration is true and correct. I verify that I will notify Birmingham-Southern College’s Office of Financial Planning, if any of this information changes during the current school year. I understand that information included in this request may be used to document changes to my student’s federal financial aid and/or BSC need-based aid.

(Required) Parent Signature ____________________________ Date __________________
(Required) Student Signature __________________________ Date __________________