

CONCORDIA COLLEGE

NEW YORK

OFFICE OF FINANCIAL AID - REQUEST FOR SPECIAL CIRCUMSTANCE REVIEW 2011-2012

Student Name _____ Student ID # _____

Parent Name (if applicable) _____

1. Will your income and/or your spouse's or parents' income be less in 2011 than in 2010?
 Yes No

2. Please circle the appropriate reason(s) and explain below, giving the date of the change in your situation.
 Date: _____

- | | |
|---|---|
| a. Unemployment or change in employment | d. Disability of student, spouse, or parent |
| b. Divorce/separation | e. One-time income (examples: back year Social Security, IRA or pension distribution) |
| c. Death of spouse or parent | f. Parent enrolled at least halftime in college |

Please explain your special circumstance in detail - attach additional sheets if necessary:

DOCUMENTATION REQUIRED! 2010 Taxes and W2s; and copies of all documents to support your request. (Examples: last pay stub, unemployment forms, layoff notice, court papers, doctor's note, disability claim, death certificate, etc.)

ANTICIPATED INCOME* FOR 1/1/11 TO 12/31/11	ACTUAL 1/1/11 - TODAY	ESTIMATED TODAY- 12/31/11	TOTAL
Father's wages, salaries, tips (including severance pay, disability payments and other income from work)			
Mother's wages, salaries, tips (including severance pay, disability payments and other income from work)			
Student's wages, salaries, tips (including severance pay, disability payments and other income from work)			
Other taxable income (include unemployment benefits)			
Social Security Benefits			
Aid to Families with Dependent Children (AFDC)			
Alimony and/or child support received			
Other untaxed income (earned income credit, worker's comp.)			
Total anticipated income for 2011			

Date _____ Student Signature _____

Date _____ Parent Signature _____

***If you or your parent are divorced or separated, give only your information or the information of the custodial parent. If the loss of income was due to the death of your spouse or parent give only your information or the information of the surviving parent.**

RETURN THIS FORM TO Concordia College, Office of Financial Aid – address below

OFFICE OF FINANCIAL AID USE ONLY

Approved Denied
 Comments: _____

Date _____ FAO Signature _____

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