

Complete and Return this form to:

McKendree University
Office of Financial Aid
701 College Rd., Lebanon, IL 62254
(618)537-6828 Fax: (618)537-6530

Student's Name _____

(Please Print)

Student ID# _____

**Application for Special Conditions
2020-2021 Academic Year**

This 2020-2021 Application for Special Conditions allows you to report any unique special circumstances you feel may affect your ability to contribute toward your 2020-2021 cost of attendance.

In order for our office to consider your Special Conditions, you will need to complete the enclosed:

- Verification Worksheet (enclosed)
- IRS Tax Return Transcripts (must be ordered from <https://www.irs.gov>)
 - for you and your parent if you are a dependent student
 - for you and your spouse (if married)
- copies of W-2's for you and your parents if you are a dependent student
- copies of W-2's for you and your spouse (if married)
- Student and Parent (for dependent student's) Asset form (enclosed)

Please indicate the reason(s) for the change in income. Mark all that apply, provide a written detail of the request, and attach the required documentation.

The following items are not considered for special conditions:

- Expenses related to personal living (i.e. payments on any consumer loan, payments on student or parent education loans, payments on back taxes owed to the IRS).
- Bankruptcy, foreclosures or collection costs associated with outstanding debts
- Debt forgiveness that reflects as income on a tax return
- Lottery or gambling winnings or losses
- Income annually reported on line 17 of your Federal 1040 Tax Return
- Cost of college expenses incurred for any sibling seeking a degree or a parent seeking a degree
- Cost of college courses taken while in high school
- Students/families with an EFC already equaling zero
- Graduate or doctoral students

◇ **Unemployment** (only considered after a period of continuous unemployment for 6 months)

- Attach a copy of notice of termination or lay-off and last pay stub
- Attach a copy of unemployment benefits received
- Name of person unemployed and relationship to student:

- Period of unemployment: from _____ to _____
- Has the person listed above return to work? Yes _____ No _____
- If yes, give starting date and monthly salary. Start Date: _____, monthly salary \$ _____

◇ **Change in Employment** – Attach a copy of last pay stub from previous employer and current employer.

- Provide end date of previous employer: _____
- Provide start date of current employer: _____

◇ **Death of family member** – Attach a copy of the obituary or copy of the death certificate.

- Name of deceased and relationship to student:

- Date of death: _____

◇ **Divorce/Legal Separation**

- Date of divorce/legal separation: _____

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- Attach a copy of the divorce decree or legal separation and provide a current address for the ex-spouse. If the divorce is not finalized and no legal monetary agreement has been made provide an estimation of the support that will be provided. Include as untaxed income any support from ex-spouse not shown on FAFSA (mortgage, utilities, etc.)
- ◇ **Disability** – Send a copy of the approved disability form with the amount awarded per month.
 - Name and relationship of the disabled person to student.

 - Beginning date of the disability _____
- ◇ **Loss of Benefits**
 - Child support _____
 - Social Security _____
 - Other _____
 - Attach documentation of 2018 and 2019 benefits.
- ◇ **One-time Income**
 - Give source and amount of income and include an explanation of why funds are not available for education purposes. (i.e. Capital gains, Bonus Income, Early distribution of IRA or retirement plan income, etc.)
- ◇ **Private School Tuition (K-12):**
 - The amount of tuition paid was \$_____.
 - Name of child or children tuition was paid and relationship to student:

 - **Attach a copy of tuition bill, annual agreement, or contract** for tuition expenses incurred by dependent children attending a private school 18-19 and 19-20 academic years. Attach a detailed letter of explanation.
- ◇ **Medical/Dental/Optical:**
 - The amount of unreimbursed medical and/or dental expenses paid was \$_____.
 - Attach a detailed letter of explanation.
 - Attach photocopies of paid receipts for bills incurred for all medical, dental, and/or optical expenses not covered by your insurance. **Do not include premium payments.**
 - **Other Expenses:**
Attach a detailed letter of explanation. Attach photocopies of receipts for bills incurred for other additional expenses not included in the above categories. Please note this section is reviewed on a case-by-case basis. **Do not include basic living expenses such as rent, insurance of any type, food, credit card debt, auto maintenance, and/or entertainment. Attach a detailed letter of explanation**

CERTIFICATION STATEMENT

I CERTIFY THE SUBMITTED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT UNDERESTIMATING PROJECTED INCOME COULD RESULT IN REDUCED ELIGIBILITY AND/OR REPAYMENT OF AID AND/OR DENIAL OF FUTURE REVIEWS/APPEALS, IN THIS YEAR OR FOLLOWING YEARS.

STUDENT'S SIGNATURE

STUDENT'S NAME (PLEASE PRINT)

DATE

PARENT'S SIGNATURE (IF DEPENDENT)

PARENT'S NAME (PLEASE PRINT)

DATE

ADDRESS

CITY STATE ZIP

PHONE

PARENT EMAIL ADDRESS