

2017-2018 SPECIAL CONSIDERATION

BIRMINGHAM-SOUTHERN COLLEGE FINANCIAL AID

900 Arkadelphia Road, Box 549016, Birmingham, AL 35254 P: 205.226-4688 F: 205.226.3082 E: finaid@bsc.edu W: <http://www.bsc.edu/fp>

BSC ID# _____

STUDENT INFORMATION

NAME: _____ DATE OF BIRTH: _____

PHONE: _____ EMAIL: _____

ADDRESS: _____
Street/PO Box City State Zip

2017-2018 FAFSA INFORMATION

Have you completed the 2017-2018 FAFSA? YES OR NO

If your application was selected for verification, have you completed the verification process? YES OR NO

1. You are submitting this form to appeal your financial aid award offer due to special circumstances. You may complete this form if you, your spouse's, or your parents' (for dependent students) financial situation has been altered significantly from the information you were required to provide on the current FAFSA.
2. Please be aware that if you filed your 2017-2018 FAFSA and received an EFC = Zero (0), you already receive the maximum in federal aid. Submitting this appeal will not result in a change to your financial aid offer.
3. If the estimated income for 2017 is approximately the same or higher due to receiving unemployment, severance pay, other untaxed income, etc. than the 2015 income listed on the FAFSA, then submitting this appeal will not result in a change to your financial aid offer.
4. Please read this form carefully and submit all documentation requested. Information from this form, the supporting documentation you provide, and information our office retrieves from your financial aid file will be reviewed to determine if we can assist you.
5. Please note this form does not guarantee your request will be approved or that you will be eligible for additional aid.

HOUSEHOLD INFORMATION

Please list all family members. If any family member will be enrolled **at least ½ time** in a degree program during the 2017-2018 academic year, include the name of the college. Dependent students **MUST** list parent information.

FULL NAME	AGE	RELATIONSHIP	COLLEGE ATTENDING FOR 2017-2018
		SELF	BIRMINGHAM-SOUTHERN COLLEGE

*If more space is needed, attach a separate page with student name and BSC ID# at top of page.

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REASON FOR SPECIAL CONSIDERATION

Select	Special Circumstance	Dependent Student	Independent Student	Required Documentation Checklist
<input type="checkbox"/>	Loss of Employment	Your parent(s) earned income in 2017 will be less than that earned in 2015	You (and/or your spouse's) income earned in 2017 will be less than that earned in 2015	Attach: <input type="checkbox"/> Dependent or Independent Verification worksheet <input type="checkbox"/> 2015 Income Tax Return Transcript <input type="checkbox"/> 2015 W-2 wage statement for all jobs <input type="checkbox"/> Last pay stub from former employer showing year-to-date earnings <input type="checkbox"/> If employed again, your latest pay stub from current job. <input type="checkbox"/> Termination notice from employer <input type="checkbox"/> Unemployment benefit notice
<input type="checkbox"/>	Other Loss of Income	Your parent(s) received benefits in 2015 which have ceased or been reduced in 2017	You (and/or your spouse) received benefits in 2015 which have ceased or been reduced in 2017	Attach: <input type="checkbox"/> Dependent or Independent Verification worksheet <input type="checkbox"/> 2015 Income Tax Return Transcript <input type="checkbox"/> 2015 W-2 wage statement for all jobs <input type="checkbox"/> Original 2015 benefit statement showing total amount received. <input type="checkbox"/> Revised benefit statement listing updated amount to receive effective date
<input type="checkbox"/>	Separation or Divorce	Your parents separated or divorced AFTER filing the FAFSA	You and your spouse separated or divorced AFTER filing the FAFSA	Attach: <input type="checkbox"/> Dependent or Independent Verification worksheet <input type="checkbox"/> 2015 Income Tax Return Transcript <input type="checkbox"/> 2015 W-2 wage statement for all jobs <input type="checkbox"/> Divorce decree or separation agreement or proof of separate residences/addresses
<input type="checkbox"/>	Death of Parent or Spouse	A parent has died	Your spouse has died	Attach: <input type="checkbox"/> Dependent or Independent Verification worksheet <input type="checkbox"/> 2015 Income Tax Return Transcript <input type="checkbox"/> 2015 W-2 wage statement for all jobs <input type="checkbox"/> Applicable death certificate
<input type="checkbox"/>	Medical/Dental Expenses	Paid 2017 medical expenses by you or your parents were over 11% of AGI	Paid 2017 medical expenses by you or your spouse were over 11% of AGI	Attach: <input type="checkbox"/> Dependent or Independent Verification worksheet <input type="checkbox"/> 2015 Income Tax Return Transcript <input type="checkbox"/> 2015 W-2 wage statement for all jobs <input type="checkbox"/> Proof of all paid out of pocket expenses
<input type="checkbox"/>	Other	Parents situation has changed	You or your spouse's situation has changed	Attach: <input type="checkbox"/> Dependent or Independent Verification worksheet <input type="checkbox"/> 2015 Income Tax Return Transcript <input type="checkbox"/> 2015 W-2 wage statement for all jobs <input type="checkbox"/> Other documentation proving your request
<input type="checkbox"/>	Private Tuition Costs	Paid private elementary or secondary tuition in 2017	Paid private elementary or secondary tuition in 2017	Attach: <input type="checkbox"/> Documentation for tuition paid to private elementary or secondary school

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PROJECTED INCOME AND BENEFITS

INCOME ITEM	PARENT 1	PARENT 2	STUDENT	STUDENT'S SPOUSE
Wages, Tips, Salary				
Interest and/or Dividend Income				
Unemployment Compensation				
Pensions and/or Annuities				
Severance Pay				
Retirement Benefits				
Disability Benefits				
Social Security Benefits				
Child Support				
Alimony				
Other (Explain)				
Total of All Income				

CERTIFICATION STATEMENT

Certification and Signature

CERTIFICATION STATEMENT
(Please read carefully before signing)

WARNING: If you purposely give false or misleading information you may be fined, sentenced to jail, or both.

All relevant or requested information and/or documentation must be attached to your request. Incomplete requests will not be reviewed. Requests are processed in a timely manner through the Financial Aid Office. By signing below, I affirm that all information contained in or attached to this request for a re-evaluation of my financial aid eligibility, including any attached personal statements and/or documentation, is true and correct to the best of my knowledge. I affirm that I have not knowingly or intentionally provided any false statements or fraudulent documentation. I understand that if I am found to have given false or fraudulent statements and/or documentation, this request will be denied and any eligibility for federal and state student aid may be suspended or canceled.

Print Student's Name

BSC ID Number

Student's Signature (Required)

Date

Parent's Signature

Date