

THIEL COLLEGE

2015-16 Financial Aid Special Consideration Form

Student Last Name

First Name

Last 4 digits SS# or Thiel ID#

This Special Consideration Form can be used by you and your family to report unusual circumstances which may impact your ability to pay for your education at Thiel. These circumstances can be conditions which have reduced your income for 2015 or extraordinary expenses that provide you with less disposable income.

Per federal regulations: Before the Financial Aid Office can review the information on this form:

* You must have previously filed a **2015-16 Free Application for Federal Student Aid (FAFSA)**.

* Along with this form, you **must** submit a completed copy of the **2015-16 Verification Worksheet** which may be obtained from the Thiel website or from the Financial Aid Office. You **must** also submit a copy of parents' and student's 2014 Federal Tax Return Transcripts (requested at www.irs.gov if Data Retrieval Tool was not used when completing the FAFSA) **and** copies of all 2014 W-2 and 1099 forms.

***You also must submit supporting documentation/proof confirming your extenuating circumstances.**

Section I – Reason for Re-evaluation Request

Check the appropriate reason(s) for the change, indicate date of change and provide supporting documentation.

A. Loss or Reduction of Employment or Wages (that has been in effect for at least six weeks)

Indicate the individual who had a loss/reduction of employment or wages and date that this occurred:
Name: _____ Date: _____ Documentation may include: Change of Status letter from former employer, most recent pay stub and/or Notice of Eligibility Status from unemployment office.

B. Loss of Unemployment Compensation

Indicate the individual who lost unemployment compensation and the date that this occurred:
Name: _____ Date: _____ Provide copy of Notice of Eligibility from unemployment office including starting/ending dates and benefit amount.

C. Loss of Untaxed Income or Benefit

Indicate the individual who lost untaxed income or benefits, date of occurrence and the type of benefit lost:
Name: _____ Date: _____ Type: _____ Provide appropriate supporting documentation/proof confirming situation.

D. Separation or Divorce

Date: _____ Submit copy of divorce decree, separation agreement or signed statement from verifiable third party.

E. Death of Parent/Spouse

Name of deceased: _____ Date: _____ Submit copy of Death Certificate.

Section II – Expected 2015 Taxable and Non-Taxable Income Benefits

You are required to report the income amount that relates to your special consideration request. **Use actual PLUS estimated amounts to be received between January 1, 2015 and December 31, 2015.** If your parent is divorced, separated or widowed, do not include information about the other parent. Do not leave any questions blank. Omit cents. Include benefits to be received by all family members. **Use annual amounts only.**

2015 Income Earned from Work	Father. \$ _____	Student. \$ _____
2015 Income Earned from Work	Mother. \$ _____	Spouse \$ _____
2015 Unemployment Compensation	\$ _____	\$ _____
2015 Other Taxable Income. Circle source:	\$ _____	\$ _____
<i>(interest, dividends, alimony, rents, royalties, business income, social security, pension, other(identify) _____)</i>		
2015 Untaxed Income	\$ _____	\$ _____
<i>(Social security, disability, untaxed pension, etc)</i>		
Child Support Received	\$ _____	\$ _____
SNAP Received (food stamps)	\$ _____	\$ _____
Child Support Paid	\$ _____	\$ _____
To whom: _____		
For whom: _____		

Section III- Explanation of Request for Re-evaluation

Explain your situation in detail. State your extenuating circumstances which have resulted in your need to request a **special consideration review** or **appeal for re-evaluation** of your aid. Provide an additional sheet if necessary. All required documents must be received before request can be processed.

Section IV- Certification Statement

We certify that the information provided on this form is complete and accurate to the best of our knowledge. If additional changes occur during the 2015-16 academic year that would alter the information provided on this Special Consideration Form, we will immediately contact the Financial Aid Office.

Student’s Signature _____ Date _____

Parent’s Signature _____ Date _____

IMPORTANT NOTE TO PENNSYLVANIA RESIDENTS: PHEAA must be notified separately for re-evaluation of your PA State Grant based on your special circumstances. Their forms are located at www.pheaa.org or by calling 800-692-7392.

Office use: TI: _____ TX: _____

Mail or fax form to: Thiel College Financial Aid Office
 75 College Ave.
 Greenville, PA 16125
 FAX: 724-589-2790