

FINANCIAL AID SPECIAL CONDITIONS REQUEST INTRODUCTION

A Congressionally mandated needs analysis formula is utilized to determine a student's (and parent's when applicable) Expected Family Contribution (EFC). A student's EFC is based on the most recent calendar year a federal tax return was filed. These financial figures are reported on the Free Application for Federal Student Aid (FAFSA). This is known as the base year. For the 2017-2018 academic year (July 1, 2017 to June 30, 2018) the base year is 2015 (January 1, 2015 to December 31, 2015).

In some instances, the base year analysis may not accurately reflect unexpected financial circumstances encountered after the conclusion of the base year. At the request of the student, the North Bennet Street School (NBSS) Financial Aid Office will review a financial change to determine if adjustments should be made to the calculation of a student's EFC which may impact the student's financial aid eligibility.

Definition of a Special Condition: A Special Condition is an unexpected marked change in a student's and/or family's financial situation as compared to the base year information reported on the 2017-2018 FAFSA.

Conditions that Do Not Qualify:

- Expenses a student and/or family has been paying regularly; i.e. on-going medical expenses, revolving debt such as credit cards, bank, educational loans, automobile, etc.
- Expenses that are expected; i.e. weddings, more than one dependent child enrolled in college, the retirement of a wage earner, a student's social security benefits ended at the age of 18, etc.
- A student or parent has decided to quit or reduce his/her employment to attend NBSS.
- One-time income situations; i.e. the sale of a house, an inheritance, lottery winnings, or severance payment.

Special Conditions Must Be Fully Documented: US Department of Education (DOE) policy requires Special Conditions to fall within certain parameters and substantiated through documentation. The Financial Aid Office has the authority to request supporting documentation verifying claims reported on your Special Conditions Request Form, such as, but not limited to letters from employers, insurance companies, copies of final pay stubs, copies of unemployment benefits, etc.

No Guarantee: Reporting a Special Condition does not guarantee a recalculation of a student's EFC and/or an increase in financial aid funding. Upon receipt of all required documentation, appeals will be reviewed by the Financial Aid Office to determine if the circumstances comply with the US DOE's regulations governing special conditions appeals. *All decisions made by the NBSS Financial Aid Office are final.*

Notification: Special Condition Forms may take several weeks to review, which is contingent upon the receipt of all required documentation. The Financial Aid Office will review and process requests and mail written confirmation of approval or denial. If a change in a student's financial aid eligibility occurs due to his/her request, a revised Financial Aid Award Letter will be mailed.

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FINANCIAL AID SPECIAL CONDITIONS REQUEST FORM: 2017-2018

(Instructions are below Part F: Certification)

A. Student Information:

First Name _____

Last Name _____

Middle Initial _____

B. Special Condition:

Please check the special condition that applies to you and attach **all** required documentation indicated. Special Condition Forms must be accompanied by signed copies of the student's 2015 Federal 1040 and W2 form(s). If the student is DEPENDENT, signed copies of the student's parent(s)' 2015 Federal 1040 and W2 form(s) are required. If the student is married, signed copies of the student's spouse's 2015 Federal 1040 and W2 form(s) are required.

SPECIAL CONDITION	INDIVIDUAL AFFECTED	DEPENDENT STUDENT SCENARIO	INDEPENDENT STUDENT SCENARIO	REQUIRED DOCUMENTATION
<input type="checkbox"/> Loss of employment	Name of Individual Affected: _____ Relationship to Student: _____	Your 2017 income earned, or your parent(s)' 2017 income earned will be less than income earned in 2015	Your 2017 income earned and/or your spouse's 2017 income earned (if applicable) will be less than income earned in 2015	<input checked="" type="checkbox"/> 2015 Federal 1040 and W2 forms (described above) <input checked="" type="checkbox"/> Last pay-stub indicating year to date earnings <input checked="" type="checkbox"/> Employer termination notice <input checked="" type="checkbox"/> Employer benefit notice
<input type="checkbox"/> Loss of taxable or untaxed income ➤ Child Support ➤ Social Security ➤ Worker's Compensation ➤ Alimony ➤ Other- <i>Explain in Appeal Letter</i>	Name of Individual Affected: _____ Relationship to Student: _____	Your and/or your parent(s)' received benefits in 2015 have ceased or will be dramatically reduced for 2017	Your (and/or your spouse if applicable) received benefits in 2015 have ceased or will be dramatically reduced for 2017	<input checked="" type="checkbox"/> 2015 Federal 1040 and W2 forms (described above) <input checked="" type="checkbox"/> Documentation from agency verifying 2015 benefits received <input checked="" type="checkbox"/> Documentation from agency verifying 2017 benefit eligibility <input checked="" type="checkbox"/> Agency benefit termination letter
<input type="checkbox"/> Death of a parent or spouse	Name of Individual Affected: _____ Relationship to Student: _____	One of your parents has died <i>AFTER</i> filing your 2017-2018 FAFSA	Your spouse has died <i>AFTER</i> filing your 2017-2018 FAFSA	<input checked="" type="checkbox"/> 2015 Federal 1040 and W2 forms (described above) <input checked="" type="checkbox"/> Death certificate
<input type="checkbox"/> Medical expense(s)	Name of Individual Affected: _____ Relationship to Student: _____	Your medical expenses or your parent(s)' medical expenses were not covered by medical insurance	Your medical expenses or your spouse's medical expenses were not covered by medical insurance	<input checked="" type="checkbox"/> 2015 Federal 1040 and W2 forms (described above) <input checked="" type="checkbox"/> Proof of Medical Bill Expense <input checked="" type="checkbox"/> Insurance Company letter verifying medical bill(s) are not covered under your policy

* If your special condition is none of the above, please explain it in your written statement.

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C. Changes in Family Size and/or Number in College:

If your family size or the number of people in your family enrolled in college has changed *AFTER* filing your 2017-2018 FAFSA, please complete this section. *List all family members living in your household.*

Name of Family Member	Relationship to Student	Age	College Enrollment for 2017-2018 *subject to verification	Will Enroll at Least Half-Time?		Expected Year of Graduation
				Yes	No	
1. <i>Student Applicant's Name:</i> _____	Self	_____	NBSS	<u> X </u>	_____	_____
2. _____						
3. _____						
4. _____						
5. _____						
6. _____						

D. Student's and Spouse's Income:

⇒ If you (student) or your spouse (if applicable) report a loss of employment and/or reduction in wages, please report the following:

	STUDENT	SPOUSE
2017- Beginning and Ending Dates of Employment:		

⇒ Report your (student) and your spouse's (if applicable) 2015 income and total 2017 projected income below:

<u>SOURCE OF INCOME</u>	<u>2015 INCOME</u> Refer to 2015 Federal 1040 or applicable docs.	<u>ACTUAL INCOME</u> 1/1/2017 to Date or 1/1/2017 to 12/31/17	<u>ESTIMATED INCOME</u> To Date through 12/31/2017 <i>If applicable</i>	<u>PROJECTED 2017 INCOME</u> (Actual Income + Estimated Income)
Adjusted Gross Income				
Student's Wages				
Spouse's Wages				
Unemployment Benefits				
Worker's Compensation				
Income Tax Paid				
Earned Income Credit				
Social Security Benefits				
SNAP (AFDC) Benefits				
Child Support Received				
Other Untaxed Income				

E. Parent(s)' Income:

⇒ If your parent(s) report a loss of employment/reduction in wages report the following:

	FATHER	MOTHER
2017- Beginning and Ending Dates of Employment:		

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⇒ If you (student) are *DEPENDENT*, report your parent's 2015 income and total 2017 projected income below:

<u>SOURCE OF INCOME</u>	<u>2015 INCOME</u> Refer to 2015 Federal 1040 or applicable docs.	<u>ACTUAL INCOME</u> 1/1/2017 to Date or 1/1/2017 to 12/31/17	<u>ESTIMATED INCOME</u> To Date through 12/31/2017 <i>If applicable</i>	<u>PROJECTED 2017 INCOME</u> (Actual Income + Estimated Income)
Adjusted Gross Income				
Father's Wages				
Mother's Wages				
Unemployment Benefits				
Worker's Compensation				
Income Tax Paid				
Earned Income Credit				
Social Security Benefits				
AFDC/ADC Benefits				
Child Support Received				
Other Untaxed Income				

F. Certification:

By signing this form, I (we) certify all information reported to the Financial Aid Office is complete and accurate. *If the student is DEPENDENT, a parent signature is required.*

Student's Signature

Date

Parent's Signature

Date

Instructions:

Written statement: Please submit a one page letter explaining your Special Condition. Keep your Appeal Letter brief and concentrate on financial matters. Unfortunately, exceptional academic achievement or the ability to overcome adversity has no influence in determining a student's EFC.

Complete the Special Conditions Request Form: Dependent students must complete both student and parent sections, and have at least one parent sign his/her form.

Provide Documentation of your Special Condition: The kind of documentation required depends on the specific condition. Please be as complete and detailed as possible with the document you provide in support of your appeal.

Return your Appeal Letter and Special Conditions Request to: Financial Aid Office, North Bennet Street School, 150 North St., Boston, MA 02109. For questions about the Special Conditions Request Form and/or appeal process, please contact Jamie Dergay in the NBSS Financial Aid Office at 617-227-0155 ext. 115.