

Ferris State University Office of Scholarships & Financial Aid

2019-2020 SPECIAL CONSIDERATION INSTRUCTIONS – DEPENDENT STUDENT

DOCUMENTS MAY BE SUBMITTED VIA U.S. MAIL, FAX, OR SECURE UPLOAD. TO UPLOAD DOCUMENTS: LOG INTO MyFSU, STUDENT TAB, FINANCIAL AID ICON, and SELECT "SECURE DOCUMENT UPLOAD" ICON. EMAILED DOCUMENTS ARE NOT SECURE AND CANNOT BE ACCEPTED.

FSU Office of Scholarships & Financial Aid
1201 S. State Street, CSS 101, Big Rapids, MI 49307
Phone: 231 591-2110 Fax: 231 591-2950
Email: finaid@ferris.edu

(DO NOT EMAIL DOCUMENTS)

Kendall College of Art & Design
17 Fountain Street NW, Grand Rapids, MI 49503
Phone: 616 451-2787 Fax: 616 831-9689
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Occasionally changes occur or unusual circumstances exist that may warrant re-evaluation of a student's financial aid eligibility. If these circumstances have resulted in a significant reduction of your total family income since 2017, then you may submit a Request for Special Consideration. We have listed the most common examples of situations that may warrant reconsideration. Please note that filing a Special Consideration Request does not guarantee additional financial aid. At best, Special Consideration Requests may result in the student receiving the maximum subsidized loan and/or Pell Grant.

To apply for Special Consideration you must:

- Complete and submit the attached 2019 – 2020 Special Consideration Form for Dependent Students, along with all required documentation.
- Attach a detailed letter explaining the reason for your request.
 - If the change of circumstance or reduction of income was a change to the parent's situation, this letter should be written and signed by the parent.
 - If the reduction of income was experienced by the student, then the student should write and sign the letter of explanation.
- Complete the 2019-2020 Verification process. Your Special Consideration Request will not be reviewed until the Verification process is complete. Complete and submit the 2019-2020 Dependent Verification Form and provide tax documentation as listed in the Tax Documentation Section of the Dependent Verification Form.

Please note that incomplete forms or failure to submit sufficient documentation may result in the denial of your Special Consideration Request. Please allow 10 business days from the date all requested documentation is submitted for processing.

Do NOT Submit a Request for Special Consideration if:

- The total family income for 2018 and/or 2019 will be more than it was in 2017.
- You have not filed a FAFSA for 2019-2020.
- Your Expected Family Contribution (EFC) is zero as indicated on your Student Aid Report from FAFSA.
- Your total family income has not been reduced.
- The change of circumstance is based solely on increased debt or filing of bankruptcy proceedings.

2019-2020 SPECIAL CONSIDERATION REQUEST FORM- DEPENDENT STUDENT

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 Student Name

 Student ID Number

 Parent(s) Name(s)

 Parent Phone Number

Loss of Income

Reduction or loss of income from work must be for at least 90 days in 2018 or 2019.

 Name of Person who lost income/Relationship to Student

 Date of layoff/termination

 Name of Person who lost income/Relationship to Student

 Date of layoff/termination

 Name of Person who lost income/Relationship to Student

 Date of layoff/termination

Documentation Required:

- A letter from the employer verifying loss of employment including effective date.
- A copy of the last pay stub showing gross year-to-date income for all jobs worked for **both** parents and student, if applicable.
- A copy of the unemployment determination from the state agency, if applicable.
- Documentation of severance pay received, or IRA's, stocks, bonds, pensions, etc. converted to cash, if applicable.
- Has the person who lost the job started another job?
 - If yes, enter the start date of the new employment and include the most recent pay stub reflecting year to date earnings. _____
- A copy of both parent(s) and student 2018 Federal Income Taxes (signed) and W2 forms, if applicable.

Loss of Child Support

Name of Child: _____ Amount Recd. In 2018: _____ Date ended: _____

Amount Recd. In 2019: _____ Date ended: _____

Documentation Required:

- A copy of the legal separation/divorce papers that specifies the amount of child support; OR
- A statement from the Friend of the Court documenting amount of child support.

Death of a Parent in 2018 or 2019 Mother/Stepmother Father/Stepfather Date of Death: _____**Documentation Required:**

- A copy of the death certificate or obituary; **and**
- Surviving parent's 2018 and 2019 income information.

Legal Separation or Divorce of Parents in 2018 or 2019

Date of legal separation or divorce: _____

Which parent will the student live with or which parent will provide the most financial support?

 Mother/Stepmother Father/Stepfather**Documentation Required:**

- A copy of the supporting parent's most recent pay stub; and
- A copy of the legal separation/divorce papers; or proof of separate residence (driver's license, lease agreement, etc.); and
- Documentation of spousal support and/or child support, if applicable.
- A copy of both parents(s) and student 2018 Federal Income Taxes (signed) and W2 forms, if applicable.

Medical Expenses paid in 2017 or 2018

Total out of pocket medical or dental expenses must exceed 11% of your Adjusted Gross Income (AGI). We can consider medical expenses paid for one year only. Please select the year you wish to claim:

 2017 2018**Documentation Required:**

- Submit a copy of the Schedule A – Itemized Deductions from your Federal Tax Return; or
- Submit copies of supporting documentation as proof of out of pocket payment. (Note – billing or insurance statements are not proof of payment. Include cancelled checks or bank statements). Do not include payments covered by insurance or other resources.

Other Special Circumstances

- Provide documentation to support your circumstance.
- A copy of both parents(s) and student 2018 Federal Income Taxes (signed) and W2 forms, if applicable.

Family Income Detail for 2018 and 2019 (To be completed by student or parent)

Source of Income	2018 Parent 1	2018 Parent 2	2018 Student	2019 Parent 1	2019 Parent 2	2019 Student
Earnings from Work	\$	\$	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$	\$	\$
Severance Pay	\$	\$	\$	\$	\$	\$
Alimony	\$	\$	\$	\$	\$	\$
Child Support Received	\$	\$	\$	\$	\$	\$
Business Income	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$

By signing this form, I certify that all of the above information is complete and correct. Student and one parent must sign this form in **ink**. Electronic or typed signatures are NOT acceptable.

Student Signature

Date

Parent Signature

Date