

**BAY PATH COLLEGE
REQUEST FOR SPECIAL CONSIDERATION
2009 – 2010**

Student Name _____ Soc. Sec. No. _____

Parent Name (if applicable) _____

1. Will your income and/or spouse's or parent's income be less in 2009 than in 2008?

Yes _____ No _____

2. Please circle the appropriate reason(s) and explain below, giving the date of the change in your situation.

Date: _____

- | | |
|---|--|
| a. Unemployment or change in employment | d. Disability of student, spouse, or parent |
| b. Divorce/separation | e. One-time income (examples: back year Social Security, IRA or pension distribution) |
| c. Death of spouse or parent | f. Unusual debts or loans for which student, spouse, or parent is currently making monthly payments?
(Including mortgages or credit card debts to cover unemployment expenses or failed businesses, excessive medical costs not covered by insurance) |

Please explain your special circumstances in detail – attach additional sheets if necessary:

DOCUMENTATION REQUIRED! Attach copies of all documents to support your request. (Examples: last pay stub, unemployment forms, layoff notice, court papers, doctor's note, disability claim, death certificate, etc.)

(over)

**ANTICIPATED INCOME SOURCES
FOR 1/1/2009 TO 12/31/2010 ***

**ESTIMATED
2008 INCOME**

Father's wages, salaries, tips (including severance pay, disability payments and other income from work)	\$ _____
Mother's wages, salaries, tips (including severance pay, disability payments and other income from work)	\$ _____
Student's wages, salaries, tips (including severance pay, disability payments and other income from work)	\$ _____
Spouse's wages, salaries, tips (including severance pay, disability payments and other income from work)	\$ _____
Other taxable income (include unemployment benefits)	\$ _____
Social Security Benefits	\$ _____
Aid to Families with Dependent Children (AFDC)	\$ _____
Alimony and/or child support received	\$ _____
Other untaxed income (earned income credit, worker's Compensation)	\$ _____
Total anticipated income for 2009	\$ _____

Date _____

Student Signature _____

Spouse Signature _____

Parent Signature _____

*** If you or your parent are divorced or separated, give only your information or the information of the custodial parent. If the loss of income was due to the death of your spouse or parent give only your information or the information of the surviving parent.**

OFFICE USE ONLY

Approved _____

Denied _____

Comments: _____

Date: _____ FAO Signature: _____