OFFICE OF FINANCIAL AID
300 West Seward Street
Ripon, WI 54971
920-748-8101
Fax: 920-748-8370

REQUEST FOR CONSIDERATION OF SPECIAL CIRCUMSTANCES, 2019-2020

Student Name: _____ Student ID: _____

Phone Number: _____ Email: _____

Do not submit this form unless you have already filed a 2019-2020 Free Application for Federal Student Aid (FAFSA) and received an award letter from the Ripon College Office of Financial Aid.

Your financial need is based on the information you provide on your Free Application for Federal Student Aid (FAFSA). If your income has recently decreased or you have special circumstances that you were not able to account for on your FAFSA, you may utilize this form to provide our office with information regarding your situation.

Please attach a separate page to describe major expenses and reasons for any significant changes. Details and examples are given for each question. In your explanations be sure to include applicable dates, dollar amounts, reason(s) for significant changes from year to year, etc. When reporting future expenses or income, we simply ask that you make your best estimate. We will let you know if any other documentation is required.

PLEASE INDICATE BELOW THE SPECIAL CIRCUMSTANCE(S) YOU WOULD LIKE OUR OFFICE TO CONSIDER:

____ 1. **2018 Income, January – December 2018**

2018 Income for Parents and Student: Complete this section only if: (1) your parent has changes of at least 10% in total income; (2) you (the student) have changes of at least $1,000.

Documentation Required:

- Copy of 2018 Federal Tax Return (pages 1 and 2) & W-2's
- Separate page explaining the reason(s) for any significant change; make sure to include the dates on which changes occurred.

___2. **Anticipated Income, January – December 2019**

Anticipated Income for Parents and Student: Complete this section only if: (1) your parent anticipates a change of at least 10% in total income; (2) you (the student) anticipate a change of at least $1,000.

Parent 1 Income from work: $_____ Parent 2 Income from work: $_____
Student's Income from work: $_____ Spouse's Income from work: $_____

Documentation Required:

- Copy of most recent pay stub
- Copy of 2018 Federal Tax Return & W-2's
- Separate page explaining the reason(s) for any significant change; make sure to include the dates on which changes occurred.

_____3. **2018 Healthcare Expenses**: Provide estimated figures for the entire year. $_____

A. Include only those expenses you are allowed to report as "Itemized Deductions" (1040 Schedule A, Line 1) even if you do not have enough to itemize. Examples: hospital care, lab fees, co-payments, deductibles, prescriptions, braces, etc.

B. **Important: If you are self-employed and claim the cost of health insurance on line 29 of the federal tax return (1040), you may not include that cost on this application.**

C. Do not include any expense that is or will be: reimbursed by insurance, paid with pre-tax dollars (referred to as a cafeteria plan, flexible spending account, health savings account, etc.), paid by your employer or billed in one year but paid in another.

a. Example: Suppose that the total of all bills received in 2018 for medical procedures, office visits, dental exams and prescriptions was $9,000. Insurance paid $4,000, and $1,000 came from your parent's pre-tax flexible spending account (or similar). Only the remaining $4,000 "out of pocket" can be considered for financial aid purposes.

Documentation Required:

- 2018 federal tax return with Schedule A
- Copy of paid medical expenses

_____4. **Educational Expenses**

Net tuition paid for all siblings in grades K-12, August 2019-June 2020: $_____

Include only amount paid (after financial aid) during the upcoming academic year. Do not include loans used to pay these costs, instead include in annual payments to educational loans (below).

Net tuition for parent(s) in college, August 2019-June 2020: $_____

Include costs for parents who will be enrolled at least half-time for the upcoming academic year. Subtract any financial aid or employer reimbursement from the published costs.

Annual payment to educational loans borrowed by parent: $_____

Include loans if parent is the legal borrower and will repay an educational loan from July 2019 - June 2020.

Documentation Required:

- Copy of paid tuition statement(s)
- Copy of latest loan "Statement of Account" highlighting borrower's name, principal balance, and monthly payment.

_____ 5. **Other Unusual Expenses**: Itemize and explain any major expenses. The following are examples of "unusual expenses" that we may be able to recognize:

- Unreimbursed business expenses supported by IRS Form 2106
- Home repairs due to damage
- Legal fees
- Casualty or theft losses claimed on your tax return
- Regular and significant financial support of other family members

Do not include: vacations, athletic camps or equipment, home remodeling costs, credit card debt, or items that are billed in one year but paid in another year.

***** REVIEW AND SIGN THIS FORM BEFORE RETURNING*****

Documentation (such as letters from employers, doctors, State Unemployment Office, paystubs, etc.) which supports the basis of your family's appeal may be requested.

I CERTIFY THAT ALL INFORMATION ON THIS FORM IS TRUE AND CORRECT. I HAVE ESTIMATED 2019 INCOME FROM ALL SOURCES TO THE BEST OF MY ABILITY.

Student: _____ Date: _____

Parent or Spouse: _____ Date: _____

Return this form and all required documentation via FAX or USPS to:

Ripon College, Office of Financial Aid
300 West Seward Street
Ripon, WI 54971

920-748-8370 (fax)

To protect yourself from potential identity theft do not email this information