

# THIEL COLLEGE

## 2017-18 Financial Aid Special Consideration Form

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*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 2017 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 **2017-18 Free Application for Federal Student Aid (FAFSA)**.

\* Along with this form, you **must** submit a completed copy of the **2017-18 Verification Worksheet** which may be obtained from the Thiel website or from the Financial Aid Office. You **must** also submit a signed copy of parents' and student's 2015 Federal Tax Return (1040,1040A,or1040EZ) if Data Retrieval Tool was not used when completing the FAFSA **and** copies of all 2015 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.

#### F. Other: \_\_\_\_\_

List all details of loss and provide confirmation documentation. Use space below if needed.

**Section II – Expected 2017 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, 2017 and December 31, 2017.** 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.**

2017 Income Earned from Work ..... Father. \$ \_\_\_\_\_ Student. \$ \_\_\_\_\_  
 2017 Income Earned from Work ..... Mother. \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_  
 2017 Unemployment Compensation ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 2017 Other Taxable Income. Circle source: ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 (interest, dividends, alimony, rents, royalties, business income, social security, pension, other(identify) \_\_\_\_\_)

2017 Untaxed Income ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 (Social security, disability, untaxed pension, etc)  
 State source of untaxed income ..... \_\_\_\_\_

Child Support Received ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

Child Support Paid ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

To whom: \_\_\_\_\_  
 For whom: \_\_\_\_\_ Age of child: \_\_\_\_\_

**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 tax and confirmation documents must be received before request can be processed.

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**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 2017-18 academic year that would alter the information provided on this Special Consideration Form, we will immediately contact the Financial Aid Office.

Student’s Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

Parent’s Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

**\* IMPORTANT NOTE TO PENNSYLVANIA RESIDENTS:** You must notify PHEAA separately for re-evaluation of your PA State Grant based on your special circumstances. Their forms are located at [www.pheaa.org](http://www.pheaa.org) or by calling 800-692-7392.

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

Office use: TI: \_\_\_\_\_ TX: \_\_\_\_\_