

Manhattan Christian College

Office of Student Financial Services

2019-2020 Special Circumstances Request

This form is to assist you in reporting changes in the financial circumstances of you and/or your family that have occurred after you made application for financial aid, and that will in some way limit the ability of you and/or your parents to contribute toward your 2019-2020 college expenses. By completing this form, you are requesting an exception to the federal formula that calculates the family's ability to contribute to the student's educational expenses.

By making this financial aid appeal, I understand that:

- a) The MCC Office of Student Financial Services reserves the right to ask for additional documentation as necessary.
 - b) Any decision from the MCC Office of Student Financial Services is final and it may not be re-appealed. This decision applies only to Manhattan Christian College and the 2019-2020 academic year.
 - c) Your appeal may be approved or denied. Be aware that completing this form does not guarantee a favorable decision. Furthermore, an approval does not necessarily mean that you will be eligible for federal financial aid.
- As an **Independent Student**, I have attached to this Professional Judgment Request a signed copy of my (and my spouse's) 2017 Federal Income Tax form(s), and I have completed, signed, and attached the accompanying 2019-2020 Verification Worksheet.
- As a **Dependent Student**, I have attached to this Professional Judgment Request a signed copy of my and my parents' 2017 Federal Income Tax form(s), and I have completed, signed, and attached the accompanying 2019-2020 Verification Documents.

All attachments (letters of explanation, statements, tax forms, etc.) must be dated and signed, and reflect the name and social security number of the student for whom the appeal is being made.

STUDENT'S NAME

STUDENT'S PERMANENT ADDRESS

CITY AND STATE

PHONE #

Signatures on this form certify that any information and documentation submitted for this appeal is accurate.

DEPENDENT STUDENT

STUDENT'S SIGNATURE

DATE

FATHER/STEPFATHER SIGNATURE

DATE

MOTHER/STPMOTHER SIGNATURE

DATE

INDEPENDENT STUDENT

STUDENT'S SIGNATURE

DATE

SPOUSE'S SIGNATURE

DATE

****Please be aware: Consumer debt (i.e., credit card bills, automobile payments and/or home mortgages, etc.) is not grounds for consideration as it is a personal choice of the student/family. Please check which of the following situations apply to your request for review and provide an**

explanation on the lines below (attach another sheet if necessary).

____ Earnings or other benefits of the student or a parent will change significantly from the 2017 financial information provided on the 2019-2020 Free Application for Federal Student Aid. If earnings or benefits are changing you must provide documentation to detail the change (letter from employer, termination letter, military DD-214, or other explanation). The income has changed because:

____ Family incurred medical expenses not covered by insurance. Examples include special schooling, childcare, or continuing therapy. We must have copies of the canceled checks to confirm amounts paid in 2017 or 2017. If you are making payment of medical bills, provide a statement showing the REQUIRED minimum payments due through the end of the academic year. We must have documentation showing this was a required procedure (e.g., elective orthodontic or cosmetic surgeries cannot be considered for adjustment). We can make adjustments only for the amount already paid or required to be paid through the end of this academic year.

____ Parents or student is now divorced or separated. Date of divorce or separation: _____

____ Other: You have a unique situation that you would like to have reviewed by the Financial Services Office. Please explain the situation.

Estimated income (must be completed) from July 1, 2019 – June 30, 2020:

____ **Independent Student:** Student income \$ _____ Spouse income \$ _____

____ **Dependant Student:** Student income \$ _____ Parent income \$ _____