

Office of Financial Aid

Phone: (740)389-4636 Email: <u>financial-aid@mtc.edu</u>

Internet and Interested

2024-2025 Special Conditions

You have indicated to the Financial Aid Office (FAO) that you and/or your family have had a significant change in your financial situation during 2024. The FAO may be able to reevaluate your eligibility for financial aid for the 2024-2025 academic year. This review will be based on the information you provide through a process called Special Circumstances. Types of circumstances which may result in an adjustment to your financial aid eligibility include:

- loss of earnings in 2024 due to loss of job, change in job, reduction in pay, or disability; reduction/loss must be in effect for at least 10 weeks in 2024 before an adjustment will be made
- loss of untaxed income or benefits; for example, social security benefits, child support, or unemployment benefits
- tuition paid by the student/parent for elementary or secondary private school for academic year 2023-2024 (daycare or pre-school cannot be considered)
- payment of medical and/or dental expenses not covered by health insurance but paid by the student/parent in 2023 and/or 2024; amount paid must be at least 5% of the adjusted gross income
- separation, divorce or death of a parent/spouse after the Renewal or Free Application for Federal Student Aid (FAFSA) was processed
- loss of one-time income received in 2022; for example, IRA, capital gains, or moving allowance

If you and your family meet one of the criteria listed above, please explain the situation in the space below and return the application to the FAO. <u>Also submit the supporting documentation explained on the attached</u> <u>forms (Part II)</u>. If you have any questions, please contact the FAO at (740) 389-4636.

NO ACTION WILL BE TAKEN UNLESS <u>ALL</u> INFORMATION IS COMPLETE.

Name:

Social Security # _____

Explanation of Current Financial Situation

Please explain the why your 2024 income is less than 2022. Be sure to provide date(s) of your changed circumstance.

Anticipated Income for 2024

- Enter the **TOTAL YEARLY** income that you, your spouse, and/or parent(s) **EXPECT TO RECEIVE FROM JANUARY 1, 2024 THROUGH DECEMBER 31, 2024**. Include amounts that you have already received during this period.
- If an item does not apply to you, write zero in the space provided.
- If you are a dependent student, your parent(s) must provide the parent information and sign this form. If you are independent (parent information not required on the FAFSA), parent information is not necessary.
- If you have not yet filed the 2024-2025 FAFSA or Renewal Application, you must do so as soon as possible. The FAO will be unable to process your Special Circumstances Application until the results of your FAFSA/Renewal Application are received.

	Estimated 2024 Income		
Student/Spouse			Parent(s)
	Wages, salary, tips		
\$	Student Fa	ather	\$
\$	Spouse M	lother	\$
\$	Unemployment Benefits		\$
\$	Social Security Benefits		\$
\$	ADC / TANF /Food Stamps		\$
\$	Child Support		\$
\$	Retirement Benefits (pension)		\$
\$	Worker Compensation		\$
\$	Other (list)		\$

Certification Statement:

All of the information provided on this form is true and complete to the best of my/our knowledge. I/We understand that further documentation may be requested by the FAO before a final decision is made

By signing this worksheet, I/we certify that all the information reported on this worksheet is complete and correct. At least one parent must sign if applicable.

Student	_ Date	_/	/
Parent	Date	1	/

2024-2025 Special Conditions Part II

You have indicated on the **Special Circumstances Application Part I** that you and/or your family have had a significant change in your financial situation for 2024. Please refer to the sections below that pertain to your situation and send the information listed to the FAO as soon as possible. Your Special Circumstances Application cannot be processed until all requested information is received by the FAO. <u>Please include the student's name and social security number on all documents you are submitting.</u> Once your information is reviewed, the FAO will notify you of the results.

Loss of Earnings in	2024 due to one of the following
Loss of job (must be for at least 10 weeks)	• Letter from your past employer stating: a) the date of termination and b) year-to-date earnings for 2024
	 Include a copy of your unemployment benefits letter (if applicable)
Change in job (reduction in income)	Copy of your 2022 W-2
	Copy of your most recent pay stub
	 Letter from your current employer confirming: a) date of hire, b) the new rate of pay and c) average hours worked per week
	 Copy of 2022 tax return – SIGN and DATED (unless DRT was used)
	• Letter from your past employer stating: a) the date of termination and b) year-to-date earnings for 2024
Extended medical leave	 Letter from your doctor confirming the disability and the prognosis for returning to work
	• Letter from the Social Security Administration (or disability provider) stating the amount of disability benefits that has or will be received (if applicable)
Other loss of income (list below)	

Loss of one-ti	me income received in 2022
IRA/capital gains	Copy of your 2022 tax return
	 Include an explanation of why the funds are no longer available to you.
Other loss of income (list below)	
	Death
Death of parent or spouse	Copy of the death certificate

 Copy of the Social Security termination letter Copy of your most recent benefits letter (verifying the amount prior to termination) Court or child services document stating: a) the amount of payment and b) the date of termination Copy of the unemployment termination letter Copy of the unemployment benefits notice (verifying the amount prior to termination) Copy of the worker's compensation termination letter Documentation of the monthly benefit received Copy of the divorce or legal separation papers <u>OR</u>
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 Letter from an attorney stating marital status <u>OR</u>
Documentation confirming separate residences
nal expenses due to:
Copy of your 2022 tax Schedule A <u>OR</u>
 Copies of receipts or canceled checks verifying the amount paid
 DO NOT submit bills paid by insurance or bills not yet paid
- Descipte on desurgentation from school(s) indications of the
 Receipts or documentation from school(s) indicating: a) the amount paid and b) for whom (may not include student
applicant)
 DO NOT submit bills not yet paid
 Statement from an appropriate state/local official and
insurance documentation

Return all information (with your name and Social Security Number on EACH sheet) to:

Marion Technical College Financial Aid Office 1467 Mt. Vernon Ave Marion, OH 43302 Fax (740)725-4008