



**SPECIAL CIRCUMSTANCE AWARD APPEAL
2011-2012**

Student's Name: _____ A#: _____

Phone or Cell Number: _____

The purpose of this form is to document any significant changes that have occurred in your family's financial situation that may affect your ability to cover your college costs. All appeals will be considered on a case by case basis. Your appeal and supporting documentation will be reviewed to determine if adjustments should be made. You will be notified in writing about the outcome of your appeal.

Check all that apply to you:

See Reverse for Acceptable Forms of Documentation

- ___ Loss of employment or change of employment status for student, spouse, or parents
- ___ Divorce or separation of spouse or parent
- ___ Death of spouse or parent
- ___ Expenses associated with care of an elderly parent
- ___ Unusual medical or dental bills not covered by insurance
- ___ One-Time payment that over-inflated your annual income
- ___ Elementary or secondary school tuition

If your request involves a loss or change in income, please complete the chart below indicated all sources of income you expect to receive for the time between January 1, 2011 and December 31, 2011.

INCOME 2011	STUDENT AND/OR SPOUSE	PARENT(S)
Wages, Salaries, Severance Pay	\$	\$
Other Taxable Income	\$	\$
Unemployment Benefits to be Received	\$	\$
Alimony	\$	\$
Workers' Compensation	\$	\$
Child Support	\$	\$
Other Untaxed Income	\$	\$
Total Income for 2011	\$	\$

Acceptable Documentation
(Attach to Appeal Request)

1. Loss of employment or change in employment status

- Signed statement from the student/parent explaining reason for unemployment
- Year-to-date pay stubs showing all income earned from work in 2011
- Copy of unemployment benefits statement
- Documentation of all untaxed income received in 2011
- Termination letter and/or any documentation regarding severance pay

2. Divorce or separation of student or parent

- Divorce-copy of divorce decree
- Separation – copy of legal separation document, a signed statement from your attorney show the date of separation, or a statement from an unrelated third party.

3. Death of a spouse or parent

- A death certificate or an obituary notice, if available, or letter from surviving parent or other adult family member.

4. Loss of Untaxed Income

- A copy of a letter from the agency that provided benefits, detailing termination of benefits, and copies of summaries of benefits

5. Unusual medical or dental bills

- A copy of Schedule A of the Federal 1040 form
- Canceled checks or receipts showing the amount paid
- Written explanation

6. One time payments that caused income to be over-reported on federal tax return

- Detailed written explanation and documentation

7. Elementary or secondary school tuition

- Copies of elementary or secondary paid invoices
- Written statement from the school

8. Other documentation

- Any relevant documentation which will support request for reconsideration

Please note: The Financial Aid Office may request additional information not listed on this form if deemed necessary to support your request for additional aid.

Return all documentation to:

MCLA
Financial Aid Office
375 Church Street
North Adams, MA 01247
FAX: 413-662-5105
For any questions, please call
413-662-5219