Colby-Sawyer College Financial Aid
Special Consideration Request Form

Student name: _____ Student Social Security: _____

Parent/Guardian name(s): _____

Phone: _____ Email: _____

This form provides you with the opportunity to have the Financial Aid Office review your award, based on changes in your financial situation. It is not intended to be a straight appeal for additional funds, but rather a re-evaluation of your current financial need. The form will provide our office with specific information, allowing us to review your FAFSA and make adjustments based on our professional judgment. In some cases, these adjustments to your FAFSA may qualify you for additional need based funds from the federal government and/or Colby-Sawyer.

Once we determine whether an adjustment can be made, you will be notified in via email (include email address above). If any changes have been made to your award we will include a revised award letter. You should expect a response within two weeks of your letter being received.

Reason for Special Consideration request:

- ☐ Parent is currently unemployed. Additional information required:
  - Unemployed as of: _____
  - Documentation of severance and/or unemployment benefits.
  - Most recent pay stubs for each parent.
- ☐ Untaxed income or benefits received have ended. Additional information required:
  - Benefits terminated as of: _____
  - Documentation of benefits.
- ☐ Extreme medical expenses paid that exceed 11% of your income. Additional information required:
  - Total for the year: _____
  - Detailed letter explaining expenses and proof of payment
- ☐ One-time capital gain or distribution. Additional information required:
  - Total for the year: _____
  - Letter explaining gain/distribution along with any relevant documentation.
- ☐ Other: Attach a detailed letter explaining your situation along with any relevant documentation.

Please Note:

- Dependent Verification Worksheet unless provided within 90 days.
- IRS DRT or Tax Transcript and W2's for the student (spouse if applicable) and parent(s) (if you are a dependent)
- Federal tax returns are required for all special consideration requests, in order to ensure any review is based on the most accurate information possible.
- Special Consideration funds are granted based on the assumption that the student needs all original funds awarded to them, including Stafford Loans.
  - Should the student choose to decline the Stafford Loan(s) after Special Consideration funds are granted, we will reassess those funds.
- All required supporting documentation must be received before the Special Consideration Request will be processed..

If you have questions, contact the Financial Aid Office at 603-526-3717 or cscfinaid@colby-sawyer.edu.

All documentation can be mailed to:
Colby-Sawyer College
Financial Aid Office
541 Main Street
New London, NH 03257
Fax: 603-526-3737

Estimated income change worksheet

Complete this section if you are appealing based on a loss of employment or any other income-related change. Be certain that you provide information for all categories of income, not just the types of income that have changed. If changes are made to your financial aid based on your projections and the actual figures are higher than your projections, aid will be adjusted.

Attach any documentation you have for your figures, such as your most recent pay stubs, a letter from your employer regarding severance package terms, unemployment benefit statement, etc.

Estimated Taxable Income	**Estimated Amount**
Parent 1 work income	
Parent 2 work income	
Student work income	
Severance compensation	
Unemployment compensation	
Interest and dividend income	
Business or real estate income/loss	
Taxable IRA/pension/annuity distribution	
Other taxable income:	
Total	

Estimated Untaxed Income	**Estimated Amount**
Child support paid	
Child support received for all children	
Untaxed pension distributions	
Payments to IRA/401k/other plans	
Tax exempt interest income	
Education Credit	
Worker's Compensation	
Food Stamps (enclose copy of EBT card or documentation)	
Other untaxed income:	
Total	

The information provided on this form is accurate and complete to the best of our knowledge. We have provided our signed Federal tax returns, including all schedules and W-2 statements. We understand that completing this form does not guarantee financial aid will be increased. We also understand that if our financial aid award is revised based on using our projected income, we will be required to provide documentation of that income. If that documentation changes the projected income used, we understand the financial aid award will be adjusted. Additionally, we understand that our projected year income will be used each year when determining eligibility for financial aid. We also agree to notify the Financial Aid Office if our income changes.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____