



BOWLING GREEN STATE UNIVERSITY

Student Financial Aid

Special Consideration Application 2009-2010

Student Name: _____ BGSU ID #: _____

The purpose of this application is to allow for a re-evaluation of your financial aid eligibility. Your Free Application for Federal Student Aid (FAFSA) contains information about income earned in 2008 and may no longer be an accurate reflection of your, or your family's financial strength. Using documentation provided by you, an estimation of your 2009 total family income can be created. For this reason it is very important for you to turn in all requested documentation pertaining to your situation(s) as outlined in Sections B and C of this form. Upon receipt of documentation, your current FAFSA data will be audited for accuracy and corrections made if necessary. Only after we have insured the accuracy of your current FAFSA information will we begin processing your Special Consideration Application using Federal Methodology, as outlined by the U. S. Department of Education, and the additional documentation submitted by you to verify your loss of current income or changed family circumstances. Upon completion of the audit and reassessment of your family's financial strength, your financial aid may be adjusted. It is important to know that the submission of a Special Consideration Application does not always result in increased financial aid eligibility. In fact, due to corrections made during the initial audit, your financial aid may be reduced or remain unchanged.

At times, it may be necessary to request additional documentation for clarification. Additional document requests will be posted to the student's MyBGSU OnLine Student Center. Notification will be sent by mail and/or to the student's BGSU email address after a Special Consideration Application has been processed. All decisions are final and are not appealable to the U. S. Department of Education.

Please use the space below to describe your circumstances. Use additional paper if necessary.

By signing this form all parties certify that all information reported is complete and correct.

Mail to: Bowling Green State University
Student Financial Aid
231 Administration Building
Bowling Green, Ohio 43403-0114

Phone: 419-372-2651
Fax: 419-372-0404
Email: sfa.bosu.edu/asksfa

Student Date

Parent (required only if student is dependent) Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

SECTION A - Listed below are the most common financial changes that occur to students and/or their families. Check all that apply to you.

Parents of Dependent Students

Check all that apply below:	Office Use Only
	↓
<input type="checkbox"/> Parent has experienced a loss of employment	FILJD
<input type="checkbox"/> Parent is still employed but has had a change of job resulting in lower earnings	FILCJD
<input type="checkbox"/> Parent has experienced a loss of employment because he/she is now disabled	FIDJD
<input type="checkbox"/> Parent has experienced a change in the amount of Social Security benefits received for him/her or a dependent child	FISSD
<input type="checkbox"/> Parent has experienced a change in the amount of child support received	FICSD
<input type="checkbox"/> Parent has experienced a loss of Workman's Compensation benefits	FIWCD
<input type="checkbox"/> Parent is self-employed and has experienced a steady decline in income.	FISED
<input type="checkbox"/> Parent has experienced other loss of income not listed	FIOTHD
<input type="checkbox"/> Parent has extenuating medical expenses	FEMEDD
<input type="checkbox"/> Parent has expenses for private elementary or secondary school	FEPSD
<input type="checkbox"/> Parent has college tuition of their own that is not covered by grants, scholarships, or tuition reimbursement plans	FEPTD
<input type="checkbox"/> Parent has extenuating circumstances resulting in excess expenses (natural disaster, Act of God, etc.)	FOEXTD
<input type="checkbox"/> Parent has experienced the death of a spouse	FFDPD
<input type="checkbox"/> Parent has experienced a separation or divorce	FFDD
<input type="checkbox"/> Parent has experienced other family change	FFOTHD
<input type="checkbox"/> Parent's dependent BGSU student has experienced a change in earnings	FISTED

Independent Students

Check all that apply below:	Office Use Only
	↓
<input type="checkbox"/> Student or spouse has experienced a loss of employment	FILJI
<input type="checkbox"/> Student or spouse is still employed but has had a change of job resulting in lower earnings	FILCJI
<input type="checkbox"/> Student or spouse has experienced a loss of employment because he/she is now disabled	FIDJI
<input type="checkbox"/> Student or spouse has experienced a change in the amount of Social Security benefits received for him/her or a dependent child	FISSI
<input type="checkbox"/> Student or spouse has experienced a change in the amount of child support received	FICSI
<input type="checkbox"/> Student or spouse has experienced a loss of Workman's Compensation benefits	FIWCI
<input type="checkbox"/> Student or spouse is self-employed and has experienced a steady decline in income	FISEI
<input type="checkbox"/> Student or spouse has experienced other loss of income not listed	FIOTHI
<input type="checkbox"/> Student or spouse has extenuating medical expenses	FEMEDI
<input type="checkbox"/> Student or spouse has expenses for private elementary or secondary school	FEPSI
<input type="checkbox"/> Student or spouse has extenuating circumstances resulting in excess expenses (natural disaster, Act of God, etc.)	FOEXTI
<input type="checkbox"/> Student has experienced the death of a spouse	FFDPI
<input type="checkbox"/> Student has experienced a separation or divorce	FFDI
<input type="checkbox"/> Student has experienced other family change	FFOTHI

Continue to Section B to determine what types of documentation ALL students are required to submit with a Special Consideration Application.

SECTION B – The documents requested in this section are required for ALL Special Consideration Applications. Tax documents and the Verification Worksheet are used to verify the accuracy of your current FAFSA data.

Dependent Students

1. A completed 2009-2010 Verification Worksheet for Dependent students. This form can be found on the SFA Web site at www.bgsu.edu/offices/sfa in the Financial Aid Forms Section.
2. A signed copy of your parent(s)' (and step-parent[s]' if applicable), 2008 federal income tax return. Include all schedules. If your parents are married and filed separately, copies of both tax returns are required.* **
3. A signed copy of the dependent student's 2008 federal income tax return.*
4. Copies of all 2008 W2s relevant to the parent tax return(s).
5. Copies of all 2008 W2s relevant to the dependent student's tax return.

*There is a section on the Verification Worksheet to indicate if you were **not** required to file a federal tax return.

** Submit income tax returns only for those parents whose information was required to be reported on the FAFSA.

Independent Students

1. A completed 2009-2010 Verification Worksheet for Independent students. This form can be found on the SFA Web site at www.bgsu.edu/offices/sfa in the Financial Aid Forms Section.
2. A signed copy of your, and your spouse's if applicable, 2008 federal income tax returns. Include all schedules. If you and your spouse filed separately, signed copies of both tax returns are required.*
3. Copies of all 2008 W2s relevant to the income tax return(s).

*There is a section on the Verification Worksheet to indicate if you or your spouse were **not** required to file a federal tax return.

Continue to Section C to determine what additional documentation is required pertinent to your individual situation(s).

SECTION C – This section will help determine what documentation is required, in addition to the documents requested in Section B. Your Special Consideration Application (SCAP) will not be reviewed until all required documentation has been received.

Dependent Students

LOSS OF A JOB

Provide a letter from each previous employer, as referenced in your SCAP request, verifying employment separation and last day worked.

Provide a copy of the last pay stub or a letter from each previous employer, as referenced in your SCAP request, indicating year-to-date earnings.

Provide a copy of your unemployment benefits statement. Include an extension of benefits letter, if applicable.

CHANGE OF JOB

Provide a letter from each previous employer, as referenced in your SCAP request, verifying employment separation and last day worked.

Provide a copy of the last pay stub or a letter from each previous employer, as referenced in your SCAP request, indicating year-to-date earnings.

Provide a copy of the most recent pay stub or a letter stating rate of pay and average hours worked per week from each new employer, as referenced in your SCAP request.

LOSS OF JOB DUE TO DISABILITY

Provide a copy of the last pay stub or a letter from each previous employer, as referenced in your SCAP request, indicating year-to-date earnings.

Provide a letter from a physician confirming your disability and the prognosis for returning to work.

Provide documentation verifying the monthly disability benefits received or anticipating receiving.

CHANGE IN EARNINGS FOR BGSU STUDENT

Provide a copy of the last pay stub or a letter from each previous employer, as referenced in your SCAP request, indicating year-to-date earnings.

Provide a copy of the most recent pay stub or a letter stating rate of pay and average hours worked per week from each new employer, as referenced in your SCAP request.

Independent Students

LOSS OF A JOB

Provide a letter from each previous employer, as referenced in your SCAP request, verifying employment separation and last day worked.

Provide a copy of the last pay stub or a letter from each previous employer, as referenced in your SCAP request, indicating year-to-date earnings.

Provide a copy of your unemployment benefits statement. Include an extension of benefits letter, if applicable.

CHANGE OF JOB

Provide a letter from each previous employer, as referenced in your SCAP request, verifying employment separation and last day worked.

Provide a copy of the last pay stub or a letter from each previous employer, as referenced in your SCAP request, indicating year-to-date earnings.

Provide a copy of the most recent pay stub or a letter stating rate of pay and average hours worked per week from each new employer, as referenced in your SCAP request.

LOSS OF JOB DUE TO DISABILITY

Provide a copy of the last pay stub or a letter from each previous employer, as referenced in your SCAP request, indicating year-to-date earnings.

Provide a letter from a physician confirming your disability and the prognosis for returning to work.

Provide documentation verifying the monthly disability benefits received or anticipating receiving.

LOSS OF SOCIAL SECURITY BENEFITS

Provide a copy of Social Security benefits termination letter.

Provide a copy of the most recent benefits letter stating monthly benefit amount prior to termination OR most recent form SSA-1099.

Section C - Additional documentation requirements – continued

Dependent Students

LOSS OF SOCIAL SECURITY BENEFITS

Provide a copy of Social Security benefits termination letter.

Provide a copy of the most recent benefits letter stating monthly benefit amount prior to termination OR most recent form SSA-1099.

LOSS OF CHILD SUPPORT

Provide a copy of the notification from child support enforcement agency stating date of emancipation of minor.

Provide documentation stating new monthly amount of child support receiving for other minor children, if applicable.

LOSS OF WORKMAN'S COMPENSATION

Provide a copy of Workman's Compensation benefits termination letter.

Provide documentation verifying monthly Workman's Compensation amount received prior to termination of benefits.

LOSS OF EARNINGS FOR SELF-EMPLOYED

Submit signed copy of parent's, and step-parent's if applicable, 2007 federal income tax return. Include all schedules. If your parents are married, or remarried, and filed separately, copies of both returns are required.

Submit signed copy of parent's, and step-parent's if applicable, 2006 federal income tax return. Include all schedules. If your parents are married, or remarried, and filed separately, copies of both returns are required.

OTHER LOSS OF INCOME

This is a category for unique situations which will require you to contact Student Financial Aid to determine what additional documentation may be needed.

EXTENUATING MEDICAL EXPENSES

Provide a copy of parent's and step-parent's if applicable, 2008 Schedule A – Itemized Deductions (if filed with IRS 1040 tax return). If a Schedule A was not filed, submit an itemized list of medical expenses paid AND copies of receipts or canceled checks for each medical expense listed. EXPLANATION OF BENEFITS FROM YOUR INSURANCE COMPANY ARE NOT CONSIDERED PROOF OF PAYMENT, THEREFORE WILL NOT BE ACCEPTED AS SUCH.

Independent Students

LOSS OF CHILD SUPPORT

Provide a copy of the notification from child support enforcement agency stating date of emancipation of minor.

Provide documentation stating new monthly amount of child support receiving for other minor children, if applicable.

LOSS OF WORKMAN'S COMPENSATION

Provide a copy of Workman's Compensation benefits termination letter.

Provide documentation verifying monthly Workman's Compensation amount received prior to termination of benefits.

LOSS OF EARNINGS FOR SELF-EMPLOYED

Submit a signed copy of your, and your spouse's if applicable) 2007 federal income tax return. If you and your spouse filed separately, signed copies of both returns are required.

Submit a signed copy of your, and your spouse's if applicable) 2006 federal income tax return. If you and your spouse filed separately, signed copies of both returns are required.

OTHER LOSS OF INCOME

This is a category for unique situations which will require you to contact Student Financial Aid to determine what additional documentation may be needed.

EXTENUATING MEDICAL EXPENSES

Provide a copy of your, and your spouse's if applicable, 2008 Schedule A – Itemized Deductions (if filed with IRS 1040 tax return). If a Schedule A was not filed, submit an itemized list of medical expenses paid AND copies of receipts or canceled checks for each medical expense listed. EXPLANATION OF BENEFITS FROM YOUR INSURANCE COMPANY ARE NOT CONSIDERED PROOF OF PAYMENT, THEREFORE WILL NOT BE ACCEPTED AS SUCH.

Section C - Additional documentation requirements – continued

Dependent Students

COSTS FOR PRIVATE SCHOOL TUITION

Provide a copy for the 2008-2009 academic year of the receipt(s) from the school(s) indicating the amount(s) paid and for whom. Private school tuition for your BGSU entering freshman may not be counted.

COSTS FOR PARENT COLLEGE TUITION

Provide a copy of the fee statement from parent's college or university indicating amount paid. Tuition paid by grants, scholarships, or tuition reimbursement plans will not be considered. Tuition paid for parent must be for summer 2008, fall 2008, or spring 2009.

COSTS FOR EXTENUATING CIRCUMSTANCES

Provide documentation of extra expenses not covered by a third party. For example, receipts paid for expenses associated with a natural disaster or act of God, not covered by insurance or FEMA.

DEATH OF A PARENT

Provide a photo copy of an official death certificate for the deceased parent.

DIVORCE OR SEPARATION OF PARENTS

Provide documentation to verify the divorce/separation. This may include court judgment entry, letter from an attorney, clergy person, or professional counselor.

Provide documentation verifying custody of minor children involved, if applicable.

Provide documentation verifying child support receiving for minor children, if applicable.

OTHER FAMILY CHANGE

Provide documentation of separate household arrangements and expenses.

Independent Students

COSTS FOR PRIVATE SCHOOL TUITION

Provide a copy for the 2008-2009 academic year of the receipt(s) from the school(s) indicating the amount(s) paid and for whom.

COSTS FOR EXTENUATING CIRCUMSTANCES

Provide documentation of extra expenses not covered by a third party. For example, receipts paid for expenses associated with a natural disaster or act of God, not covered by insurance or FEMA.

DEATH OF A SPOUSE

Provide a photocopy of an official death certificate for your spouse.

DIVORCE OR SEPARATION

Provide documentation to verify the divorce/separation. This may include court judgment entry, letter from an attorney, clergy person, or professional counselor.

Provide documentation verifying custody of minor children involved, if applicable.

Provide documentation verifying child support receiving for minor children, if applicable.

OTHER FAMILY CHANGE

Provide documentation of separate household arrangements and expenses.

Helpful tips

1. Be certain you are submitting federal tax returns, not state or local returns. (Electronic Returns, Form 8453, are not acceptable.)
2. Be certain all federal tax returns are signed.
3. Be certain you have completed Section A and provided all documentation requested in Sections B and C.
4. Check your MyBGSU OnLine Student Center regularly for the status of your Special Consideration Application or to see requests for additional documentation.
5. Check your BGSU e-mail for notifications or personal requests from an SFA advisor
6. Be sure to write the student's name and ID on all documents submitted to SFA.