

Muskingum College
Office of Student Financial Services
163 Stormont St., New Concord, OH 43762

Special Conditions and Circumstances Form
 2008-2009 Academic Year

Student's Name _____ School ID# _____

Muskingum College recognizes that some students and their families have special circumstances which may affect their ability to contribute to college expenses. Please *fully* complete the section(s) for which you are requesting special consideration and provide the requested documentation. Your special conditions request *may* result in additional grants and/or loans.

Section 1: Total income to be received from all sources (taxed and untaxed) in 2008 will be less than total income received in 2007

Taxable Income:	Student			Parent	
	Actual 2007	Projected 2008		Actual 2007	Projected 2008
Adjusted Gross Income					
Wages	Student:			Father:	
	Spouse:			Mother:	
Interest/Dividend					
Retirement					
Unemployment					
Business/Farm					
Capital Gain					
Other					
Untaxed Income:	Actual 2007	Projected 2008		Actual 2007	Projected 2008
Social Security					
Child Support					
Payments to IRA & other Pre-tax plans					
Other (Earned Income Credit, Workers Comp, etc.)					

Explanation: Provide a brief explanation of the reason(s) for any expected change in 2008 student or parent income (attach additional letter, if necessary). If you have not already done so please submit copies of your 2007 federal tax return.

Section 2: Unusual Medical/Dental Expenses

Indicate the total amount of medical/dental expenses you paid in 2007 or expect to pay in 2008 that are not covered by insurance. Totals may include insurance premiums paid by the student or parents.

_____ Actual amounts paid in 2007

_____ Projected amounts to be paid in 2008

Additional documentation to include: 2007 Federal Tax Return including IRS Schedule A (itemized deductions), copy of payment plans or agreements, insurance statements. Provide an explanation of unusual medical/dental expenses here:

Section 3: Tuition Expenses for Siblings or Parents or Educational Loans for Siblings (in parents name)

Enter the total out of pocket amount of elementary or secondary school (not college) tuition expenses for siblings of the aid applicant and/or college tuition expenses of parents who are taking college courses which will be paid during the 2008-2009 academic year. **Do not include expenses to be covered by scholarships or financial aid or employee tuition benefits.**

Sibling or Parent Name	School	Grade/Program	Total for 08-09

Enter the monthly amount of educational loan expenses that a parent borrowed in their name (not in sibling's name) which will be paid by the parent during the 2008-2009 academic year.

Loan Name or Type	Monthly Payment Amount

Additional documentation to include: enrollment verification, tuition bill, loan statement.

Certification Statement

By signing this form I certify that all of the information on this form is true and complete to the best of my knowledge.

Student Signature _____ Date _____

Father/Stepfather Signature _____ Date _____

Mother/Stepmother Signature _____ Date _____

If you have questions about completing this form please contact Student Financial Services at 740-826-8139.