

**Muskingum University**  
**Office of Student Financial Services**  
**163 Stormont Street, New Concord, OH 43762**

**Special Conditions and Circumstances Form**  
 2011-2012 Academic Year  
***Independent Students***

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Muskingum University 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.

**Section 1: Total income to be received from all sources (taxed and untaxed) in 2011 will be less than total income received in 2010**

<b>Taxable Income:</b>	<b>Actual 2010</b>	<b>Projected 2011</b>
Adjusted Gross Income		
Wages	Student: Spouse:	Student: Spouse:
Interest/Dividend		
Retirement		
Unemployment		
Business/Farm		
Capital Gain		
Other: _____		
<b>Untaxed Income:</b>	<b>Actual 2010</b>	<b>Projected 2011</b>
Child Support		
Payments to IRA & other Pre-tax plans		
Other: _____		

**Explanation:** Provide a brief explanation of the reason(s) for any expected change in 2011 income (attach additional letter, if necessary). If you have not already done so please submit signed copies of your 2010 federal tax return.

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**Section 2: Unusual Medical/Dental Expenses**

Indicate the total amount of medical/dental expenses you paid in 2010 or expect to pay in 2011 that are not covered by insurance. Totals may include insurance premiums.

\_\_\_\_\_ Actual amounts paid in 2010

\_\_\_\_\_ Projected amounts to be paid in 2011

Additional documentation to include: 2010 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 Children (A) or Loan Expenses for College Age Children (B)**

(A) Enter the total out of pocket amount of elementary or secondary school (not college) tuition expenses for your children which will be paid during the 2011-2012 academic year. **Do not include expenses to be covered by scholarships or financial aid or employee tuition benefits.**

Child's Name	School/Grade	Total for 11-12

(B) Enter the monthly amount of educational loan expenses that you or your spouse borrowed (in your name) for your child's college education which you will pay during the 2011-2012 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 \_\_\_\_\_

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