

Muskingum University
Office of Student Financial Services
163 Stormont Street, New Concord, OH 43762
Special Conditions and Circumstances Form
2018-2019 Academic Year

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. 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 2018 will be less than total income received in 2016

	Student				Parent		
Taxable Income:	Actual 2016	Actual 2017	Projected 2018		Actual 2016	Actual 2017	Projected 2018
Adjusted Gross Income							
Wages					Parent 1: Parent 2:	Parent 1: Parent 2:	Parent 1: Parent 2:
Interest/Dividend							
Retirement							
Unemployment							
Business/Farm							
Capital Gain							
Other: _____							
Untaxed Income:	Actual 2016	Actual 2017	Projected 2018		Actual 2016	Actual 2017	Projected 2018
Child Support							
Payments to IRA & other Pre-tax plans							
Other: _____							

Explanation: Provide a brief explanation of the reason(s) for any expected change in student or parent income (attach additional letter, if necessary).

Section 2: Unusual Medical/Dental Expenses

Indicate the total amount of medical/dental expenses you expect to pay in 2018 that are not covered by insurance. Totals may include insurance premiums paid by the student or parents.

_____ Projected amounts to be paid in 2018

Additional documentation to include: 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 parent's name)

Enter the total out of pocket amount of elementary or secondary school (not college) tuition expenses for siblings of the aid applicant **(A)** and/or college tuition expenses of parents who are taking college courses which will be paid during the 2018-2019 academic year **(B)**. **Do not include expenses to be covered by scholarships or financial aid or employee tuition benefits.**

(A)	Sibling or Parent Name	School	Total for 18-19

(B) 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 2017-2018 academic year.

Loan Name or Type	Monthly Payment Amount

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

Certification Statement

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

Student Signature _____ Date _____

Parent 1 Signature _____ Date _____

Parent 2 Signature _____ Date _____

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