This Special Consideration Form can be used by you and your family to report unusual circumstances which may impact your ability to pay for your education at Thiel. These circumstances can be conditions which have reduced your income for 2016 or extraordinary expenses that provide you with less disposable income.

Per federal regulations: Before the Financial Aid Office can review the information on this form:

* You must have previously filed a 2016-17 Free Application for Federal Student Aid (FAFSA).

* Along with this form, you must submit a completed copy of the 2016-17 Verification Worksheet which may be obtained from the Thiel website or from the Financial Aid Office. You must also submit a copy of parents’ and student’s 2015 Federal Tax Return Transcripts (not 1040) requested at www.irs.gov if Data Retrieval Tool was not used when completing the FAFSA and copies of all 2015 W-2 and 1099 forms.

* You also must submit supporting documentation/proof confirming your extenuating circumstances.

Section I – Reason for Re-evaluation Request
Check the appropriate reason(s) for the change, indicate date of change and provide supporting documentation.

A. Loss or Reduction of Employment or Wages (that has been in effect for at least six weeks)
Indicate the individual who had a loss/reduction of employment or wages and date that this occurred:
Name: __________________________ Date: __________________________ Documentation may include: Change of Status letter from former employer, most recent pay stub and/or Notice of Eligibility Status from unemployment office.

B. Loss of Unemployment Compensation
Indicate the individual who lost unemployment compensation and the date that this occurred:
Name: __________________________ Date: __________________________ Provide copy of Notice of Eligibility from unemployment office including starting/ending dates and benefit amount.

C. Loss of Untaxed Income or Benefit
Indicate the individual who lost untaxed income or benefits, date of occurrence and the type of benefit lost:
Name: __________________________ Date: __________________________ Type: __________________________ Provide appropriate supporting documentation/proof confirming situation.

D. Separation or Divorce
Date: __________________________ Submit copy of divorce decree, separation agreement or signed statement from verifiable third party.

E. Death of Parent/Spouse
Name of deceased: __________________________ Date: __________________________ Submit copy of Death Certificate.

F. Other: __________________________________________
List all details of loss and provide confirmation documentation. Use space below if needed.
Section II – Expected 2016 Taxable and Non-Taxable Income Benefits

You are required to report the income amount that relates to your special consideration request. Use actual PLUS estimated amounts to be received between January 1, 2016 and December 31, 2016. If your parent is divorced, separated or widowed, do not include information about the other parent. Do not leave any questions blank. Omit cents. Include benefits to be received by all family members. Use annual amounts only.

2016 Income Earned from Work .................Father. $ ___________ Student. $ ___________
2016 Income Earned from Work .................Mother. $ ___________ Spouse $ ___________
2016 Unemployment Compensation ...............$ ___________ $ ___________
2016 Other Taxable Income. Circle source: ...............$ ___________ $ ___________
(interest, dividends, alimony, rents, royalties, business income, social security, pension, other(identify) ___________

2016 Untaxed Income ........................................ $ ___________ $ ___________
(Social security, disability, untaxed pension, etc)
Child Support Received ...................................$ ___________ $ ___________
SNAP Received (food stamps) .........................$ ___________ $ ___________
Child Support Paid .......................................$ ___________ $ ___________
To whom: ______________________________________
For whom: _________________________________

Section III- Explanation of Request for Re-evaluation

Explain your situation in detail. State your extenuating circumstances which have resulted in your need to request a special consideration review or appeal for re-evaluation of your aid. Provide an additional sheet if necessary. All required tax and confirmation documents must be received before request can be processed.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Section IV- Certification Statement

We certify that the information provided on this form is complete and accurate to the best of our knowledge. If additional changes occur during the 2016-17 academic year that would alter the information provided on this Special Consideration Form, we will immediately contact the Financial Aid Office.

Student’s Signature (required) ___________________________ Date ____________

Parent’s Signature (required) ___________________________ Date ____________

* IMPORTANT NOTE TO PENNSYLVANIA RESIDENTS: You must notify PHEAA separately for re-evaluation of your PA State Grant based on your special circumstances. Their forms are located at www.pheaa.org or by calling 800-692-7392.

Office use: TI: _______________________________ TX: _______________________________

Mail or fax form to: Thiel College Financial Aid Office
75 College Ave.
Greenville, PA 16125
FAX: 724-589-2790