

Hobart and William Smith Colleges

Special Circumstance Form – 2010-2011

STUDENT NAME: _____ HWS STUDENT ID: _____

YEAR IN SCHOOL: FR SO JR SR (circle one)

The Financial Aid Office realizes that families sometimes experience unforeseen circumstances and/or expenses during an academic year. This form is designed to help you address your need for additional financial assistance due to your family's current economic situation.

INSTRUCTIONS

SECTION A: SPECIAL CIRCUMSTANCE FOR CONSIDERATION

Read through each circumstance below carefully and circle the special condition(s) that best describes your current family/economic situation. Submit all required documentation indicated to the right with this form to the Office of Financial Aid Services and Student Employment, 300 Pulteney Street, Geneva, NY 14456. Please note your request will not be processed if the Special Circumstance Form is incomplete or required documents are missing.

If Special Circumstance Is:	Then Submit Corresponding Documentation:
<p>1. Change In Marital Status: A recent widowed, divorced, or separated situation:</p> <p style="padding-left: 40px;">Marital Status: _____</p> <p style="padding-left: 40px;">Marital Status Date: _____</p>	<p>1. Detailed letter of explanation, include the date of marital status change, if appropriate, copy of death certificate, legal document substantiating change and complete section B of this form using custodial parent income information only.</p>
<p>2. Reduction or Loss of Income: Income loss or reduction due to retirement, unemployment, job change, bankruptcy, illness, etc.</p>	<p>2. Submit proof of reduction or loss of job and complete section B of this form for affected wage earner.</p>
<p>3. Reduction or Loss of Benefit: Benefit loss or reduction due to child support, social security, unemployment compensation, alimony, untaxed retirement or disability pension, TANF, etc.</p>	<p>3. Complete <i>Section B</i> of this form. Be sure to include any child support, alimony, or life insurance payments expected in 2009.</p>
<p>4. Extraordinary Expenses: Expenses incurred within the prior year (uninsured medical expenses, catastrophic event costs, additional travel/household expenses, etc.).</p>	<p>4. Provide a detailed letter of explanation of the situation and provide all supporting documentation, including copies of paid receipts or cancelled checks (NOT BILLS) showing expenses incurred.</p>
<p>5. Other</p>	<p>5. Contact our office for further guidance.</p>

FA Office Use Only

OGA _____ IGA _____ ILA _____

Comments _____

STUDENT NAME: _____ HWS STUDENT ID: _____

SECTION B: ANTICIPATED 2009 INCOME CALCULATION

Please list in the tables below any anticipated income for the calendar year 2010. **Do not leave spaces blank, enter zero if necessary.** If a job change has occurred, report any wages earned prior to end of employment, severance package, unemployment compensation expected, and any additional wages from other work or other sources of income through December 31, 2010. Include copy of current pay stub if appropriate to document reduction in income.

Expected Wages From Work In 2010:	Parent
Wages earned from: January 1, 2010 to TODAY	\$ _____
Wages expected from: TODAY to December 31, 2010	\$ _____

Other Taxable Income:	Parent
Alimony	\$ _____
Business or Farm Income	\$ _____
IRA Distributions	\$ _____
Pensions and Annuities	\$ _____
Unemployment Compensation	\$ _____
Taxable Social Security Benefits	\$ _____
Other (Rentals, royalties, etc.)	\$ _____

Non-Taxable Income:	Parent/Student
Welfare benefits, including TANF (do not include food stamps)	_____
Untaxed Social Security Benefits (such as SSI)	\$ _____
Tax deferred pension and savings payments	\$ _____
Child support received for all children	\$ _____
Untaxed portions of IRA distributions (exclude rollovers)	\$ _____
Untaxed portions of pensions (exclude rollovers)	\$ _____
Living allowances for clergy, military and others	\$ _____
Veterans non-education benefits	\$ _____
Other untaxed income (workers compensation, disability, etc.)	\$ _____
Money received or paid on your behalf (bills, gifts, etc.)	\$ _____

Do not leave blanks, enter zero if necessary.

SECTION C: SIGNATURES

The information provided on this form is true and complete to the best of my knowledge. I agree to notify the Hobart and William Smith Colleges Office of Financial Aid Services and Student Employment of any error, omission, or of any further circumstances that may affect the accuracy of the above information. I understand that failure to comply with this agreement could result in the forfeiture of financial aid eligibility for the student.

Parent _____ Date _____

Submit all documentation to the Offices of Financial Aid Services and Student Employment, 300 Pulteney Street, Geneva, NY 14456.

Incomplete form or missing documentation will delay review of your request. Please allow 5 – 10 business days for a response.