

SCAR18

2017-2018 Student Contribution Adjustment Request



Print Student's Last Name, First, M.I.

CofC ID Number

Student Email Address

After completing the 2017-2018 FAFSA, you may submit this form to document students' special circumstances. To begin, select one or more of the student's special circumstances below. Please provide all required documentation. Providing inadequate documentation will result in delayed processing or rejection of this request. Please note that submitting this request does not guarantee that a student will receive increased financial aid.

Reason for Filing a Student Contribution Request

Check the circumstance that applies to your situation. All required documentation supporting your circumstance **must be attached**.

*You and/or your spouse earned money in 2015, but has lost his/her job and is still unemployed.

Required Documentation:

1. Statement from previous employer that includes your student's and or spouse's last date of employment; and
2. A current statement of unemployment benefits received, severance, if applicable; and
3. Final pay stub(s) and
4. Complete Estimated Income Statement on page 2.

*You and/or your spouse earned money in 2015, but had a loss of income and earned substantially less money in 2016 or 2017.

Required Documentation:

1. A signed copy of students' and spouse's 2016 IRS Tax Return and/or 2017 IRS Tax Return and,
2. Final pay stub(s) from previous employer and last pay stub from current employer, if applicable and,
3. Detail letter indicating dates, employers, severance, unemployment compensation and untaxed income and
4. Complete Estimated Income Statement on page 2.

**Please be aware that unless the income loss is permanent in nature (e.g., retirement, or returning to school full-time), processing a request of this type is somewhat premature until 2017 tax/income is available. In some cases, we may require 2017 tax return filing before we make adjustments.*

Since completing the 2017-2018 FAFSA, you have separated or divorced.

Required Documentation:

1. If you have separated from your spouse, attach statement indicating the date of your separation and proof of separate domicile. Also separation decree if applicable
2. If you are divorced: Attach a complete copy of your divorce decree

Since completing the 2017-2018 FAFSA, your spouse has died.

Required Documentation:

1. A copy of your spouse's death certificate or obituary

You and/or your spouse received a one-time income in 2015 or loss of benefit (e.g. Social Security payment, inheritance, loss of child support or pension distribution)

Required Documentation:

1. A statement from source of one-time income indicating amount; and
2. A statement indicating the disposition of the funds

You and/or your spouse paid out at least \$3000 of medical and/or dental expenses in 2015 not covered by insurance
Total medical and/or dental expenses PAID from January through December 2015: \$ _____

Required Documentation:

1. Copies of medical and/or dental receipts showing medical payments made out of pocket in 2015 not covered by insurance.
2. Signed federal tax return and/or Tax Return Transcript including schedule "A" if claimed on federal return.

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**You have indicated a decrease in you and/or your spouse's income in 2017.
Please provide the following information:**

- 1) Date employment ceased (if applicable)
- 2) Income earned by student from January 1, 2017 to December 31, 2017 \$ _____
- 3) Income earned by spouse from January 1, 2017 to December 31, 2017 \$ _____
- 4) Student's taxable income (other than earned wages) expected from 01/01/17 to 12/31/17 (unemployment, interest income, severance compensation, etc.) \$ _____
- 5) Spouse's taxable income (other than earned wages) expected from 01/01/17 to 12/31/17 (unemployment, interest income, severance compensation, etc.) \$ _____
- 6) Student and spouse untaxed income from 01/01/17 to 12/31/17 from the following sources:
 - A) Deductible IRA and/or Keogh payments \$ _____
 - B) Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings). Include untaxed portions of 401(K) and 403(B) plans. \$ _____
 - C) Social Security Benefits \$ _____
 - D) Child Support \$ _____
 - E) Untaxed portions of pensions and IRA distributions (excluding "rollovers") \$ _____
 - F) Other untaxed income and benefits (explain and provide expected amount(s), such as worker's compensation, foreign income exclusion, etc.) \$ _____

Please provide copies of documentation that support the information that you have provided.

I certify that information listed above is a complete and accurate breakdown of all expected income, taxed and untaxed, for the calendar year 2017. I further certify that if any information of the above information changes, I will notify the Financial Aid Office in writing of the changes.

Student Signature _____ Date _____

<input type="checkbox"/>	Approved	EFC :Old _____	New: _____
<input type="checkbox"/>	Denied Reason _____		
Staff signature _____		Date: _____	