

**SPECIAL CIRCUMSTANCES FORM  
2010-11 ACADEMIC YEAR**

**INSTRUCTIONS: Use this form if your family's financial situation has changed because of one or more of the following conditions:**

Loss of job or benefits	Death in the family	OTHER (PLEASE EXPLAIN)
Parent(s) in College	Separation/Divorce	
Unpaid medical expenses	Private School Tuition	

**Please complete all necessary portions of this form and attach any documents needed.**

\_\_\_\_\_  
Student's Last Name                      First Name                      Social Security Number

\_\_\_\_\_  
Permanent Home Address

\_\_\_\_\_  
Local/Campus Address and Local/Campus Phone Number

THIS IS A SPECIAL CIRCUMSTANCE FOR:

Circle your response(s):    Mother    Father    Student    Student's Spouse

**COMPLETE ALL SECTIONS THAT APPLY TO YOUR CIRCUMSTANCES.**

**1. INCOME REDUCTION**

Please check the reason(s) for the change in income from actual 2009 to projected 2010 income; give the date of the change(s) and provide an estimate of your **gross income** from all sources for calendar year 2010

- Unemployment since \_\_\_\_\_.
- Divorce/Separation since \_\_\_\_\_.
- Death of parent/spouse on \_\_\_\_\_.
- Disability of student/parent/spouse on \_\_\_\_\_.
- Loss of "one time" income (for example, inheritance, moving expenses, back pay from social security, rollover to IRA/pension account).
- Loss of child support/alimony beginning \_\_\_\_\_ of \$ \_\_\_\_\_ per month.
- Loss of other untaxed income of \_\_\_\_\_ beginning \_\_\_\_\_ of \$ \_\_\_\_\_ per month.
- Other (Please explain your circumstances in writing at the bottom of Page 2 or attach separate letter.

Please provide your/your family's  
Anticipated Gross Income for January 1, 2010 through December 31, 2010:  
Mother                      Father                      Student                      Spouse

Gross wages/salaries/tips \_\_\_\_\_  
Other taxable income from \_\_\_\_\_  
Untaxed Social Security/SSI \_\_\_\_\_  
AFDC \_\_\_\_\_  
Child Support \_\_\_\_\_  
Other untaxed income from \_\_\_\_\_

TOTAL EXPECTED GROSS INCOME \_\_\_\_\_

**2. UNUSUAL/UNPAID MEDICAL OR DENTAL EXPENSES**

Total medical/dental expenses, which were charged to you 2009: \$\_\_\_\_\_. Attach a list showing the name(s) of the service provider(s), date(s) of service and total amount of expenses not covered by insurance.

**3. ELEMENTARY/SECONDARY PRIVATE SCHOOL TUITION**

Complete the information below regarding **tuition** that was paid in 2009 for family members to private elementary and/or secondary schools. Do not include day care expenses and/or costs for other items such as books, hot lunches, transportation, uniforms, etc. Do not include child care costs.

Name of Family Member	Age	Relationship to You	2009 Tuition
_____	_____	_____	_____
_____	_____	_____	_____

**4. PARENT (S) IN COLLEGE: List** the name(s) of parent(s) who will be in college pursuing a degree at least half time during the 2010-11 academic year:

Name of Parent	Name of College
_____	_____
_____	_____

**5. OTHER: PLEASE EXPLAIN AT THE BOTTOM OF THIS PAGE OR YOU MAY ATTACH A SEPARATE SHEET TO EXPLAIN YOUR CIRCUMSTANCES**

**CERTIFICATION: PLEASE SIGN AND DATE THIS FORM**

All information on this form is true and complete to the best of my knowledge. I agree to provide any documentation needed to verify special circumstances. If projected income is used to determine eligibility For aid, I understand that I may be asked to provide a copy of my 2010 federal income tax return to verify That my estimates were accurate and I agree to provide such copies.

\_\_\_\_\_  
Student Signature                      Date                      Father's Signature                      Date

\_\_\_\_\_  
Spouse's Signature                      Date                      Mother's Signature                      Date

PLEASE RETURN THIS FORM TO:

MEMPHIS COLLEGE OF ART  
FINANCIAL AID OFFICE  
1930 POPLAR AVENUE  
MEMPHIS, TN 38104

Office Use Only \_\_\_\_\_ Appeal Approved \_\_\_\_\_ Appeal Denied \_\_\_\_\_  
Appeal Committee Signatures \_\_\_\_\_