



**KNOX**  
COLLEGE

OFFICE OF  
STUDENT FINANCIAL SERVICES  
309-341-7149 Phone  
309-341-7453 Fax  
www.knox.edu

# 2020-2021 Special Circumstances

Sometimes families experience special circumstances that affect their ability to pay for college but are not reflected on the Free Application for Federal Student Aid (FAFSA). You may notify us of these situations by completing this form and submitting the required documentation to: Office of Student Financial Services, Knox College, 2 E. South Street, Galesburg, IL 61401. If you prefer, you may fax your documents to 309-341-7453 or scan and e-mail to [financialservices@knox.edu](mailto:financialservices@knox.edu).

Student's name \_\_\_\_\_ Knox College ID \_\_\_\_\_  
(Please print)

Your Special Circumstances form will be reviewed once we have received the following information:

1. results of the 2020-2021 Free Application for Federal Student Aid (FAFSA);
2. your 2020-2021 Knox Financial Aid Application, **and**;
3. other documentation as outlined below in the circumstance for which you wish to be considered.

**Select the circumstance(s) for which you wish to be reviewed:**

- ☐ **Medical/Dental Expenses:** If the total amount of unreimbursed medical/dental expenses **paid out in 2018** by your family was over an average of \$700 per family member, please submit one of the following:

1. Schedule A (Itemized Deductions form), as filed with a 2018 U.S. Form 1040, or
2. Proof of payment made by the student and family for 2018 medical and dental expenses not covered by insurance.

**Important:** Do not include tax-exempt insurance premiums or expenses paid by medical savings through payroll deduction. These have already been excluded from income.

- ☐ **Private Elementary/Secondary School Tuition:** If your parents paid private school tuition for family members other than you in 2018, provide the following information. (Exclude any scholarships or discounts from amount paid.) Additionally, submit a statement(s) from the private school that reflects payments made in 2018.

Student's name	Age	School attended	Tuition paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- ☐ **Educational Debt:** If your parents are repaying on their own personal educational loans and/or PLUS (parent) loan(s) for a child who is no longer in college, report below the payments made in 2018. Additionally, please submit proof of payments for each loan.

Loan type and for whom	Total Remaining Balance	Monthly Payment	Number of payments made
<i>for example: PLUS loan for sister Karen</i>	<i>\$5,350</i>	<i>\$100.00</i>	<i>8</i>
_____	_____	_____	_____
_____	_____	_____	_____

- ☐ **Expected decrease in income:** Complete this section only if 2019 income will be substantially lower than 2018 income.

You must submit most recent pay stub(s) and/or 2019 W-2 Wage & Tax Statements for each parent in the household with employment earnings. Submit a signed copy of the 2019 U.S. Income Tax Returns.

Reason for reduced income: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates associated with reduced income (for example, last date of employment): \_\_\_\_\_

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**2019 Estimated taxable income**

Father's earnings from work*	\$ _____	Rents/partnerships/estate income	\$ _____
Mother's earnings from work*	\$ _____	Severance package	\$ _____
Interest & dividends	\$ _____	Taxable Social Security benefits (for parent and children under 18)	\$ _____
Capital gains/losses	\$ _____	Business and/or farm income	\$ _____
Pension/annuities/IRAs	\$ _____		
Other taxable income	\$ _____		

Please report source (i.e. unemployment compensation) \_\_\_\_\_

\*Be sure to include earnings made up to the last date of employment and expected earnings through December 31, 2019.

**2019 Estimated untaxed income and benefits**

Temp Assistance for Needy Families	\$ _____	Untaxed Social Security benefits	\$ _____
Housing/food allowances (members of the military/clergy/other)	\$ _____	Child support received for all children	\$ _____
Payments to tax-deferred pensions & IRAs	\$ _____	Untaxed IRA distributions/pensions	\$ _____
Other untaxed income	\$ _____	Tax-exempt interest	\$ _____

Please report source (i.e. worker's compensation, disability) \_\_\_\_\_

☐ If you believe you have circumstances not addressed by this form, you may submit a request for consideration on a separate sheet. Include as much information as possible and be sure to attach this signed form to your request.

**STUDENT AND PARENT CERTIFICATIONS AND SIGNATURES**

**Warning:** Federal regulations state that purposely giving false or misleading information may result in a fine, a prison sentence, or both.

I (We) certify that all of the information reported to qualify for federal student aid is complete and correct. I (We) authorize Knox College to release updated or corrected information to the Federal Student Aid Processing Center.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Student signature \_\_\_\_\_ Date \_\_\_\_\_