



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 Financial Aid, 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 *financialaid@knox.edu*.

Student's name _____ Student's ID (if known) _____
(Please print)

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

1. results of the 2018–2019 Free Application for Federal Student Aid (FAFSA);
2. your 2018–2019 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 2016** 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 2016 U.S. Form 1040, or
2. Proof of payment made by the student and family for 2016 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 2016, 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 2016.

| 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 2016. Additionally, please submit a copy of the last loan statement 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> | \$5,350 | \$100.00 | 8 |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Expected decrease in income: Complete this section only if 2017 income will be substantially lower than 2016 income.

You must submit most recent pay stub(s) and/or 2017 W-2 Wage & Tax Statements for each parent in the household with employment earnings. Submit any additional supporting documentation that may be appropriate, including a signed copy of the 2017 U.S. Income Tax Returns (first two pages only).

Reason for reduced income: _____

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

2017 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, 2017.

2017 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 _____