



Financial Aid Office
 1355 West Highway 10, Anoka, MN 55303
 Phone: 763.576.4760
 Fax: 763.576.4771

2010-2011 Consideration of Special Circumstances

Last Name: _____ First Name: _____ M.I.: _____ Student ID or SSN: _____

According to federal laws and regulations, income from 2009 is used to determine eligibility for the 2010-2011 financial aid years. If your income (or your family's income) is reduced, the Anoka Technical College Financial Aid Office may be able to take into account reduced income or other extenuating circumstances to determine your financial aid eligibility for 2010-2011. Please complete this form if there have been substantial changes to the income documented on your 2009 federal tax return.

STEP 1: AFFECTED PERSON(S)

Name(s) of person(s) whose income(s) have changed: _____

How is the above person/persons related to you? (Check all that apply)

Self Spouse Father/Step-Father Mother/Step-Mother Other (explain) _____

STEP 2: REASON FOR CHANGE

Please check the reason for your loss of income. Be sure to include the date this event happened. Please submit all required documentation listed by the circumstance you select. **All applicants must submit a copy of their 2010 federal income tax return if they are submitting this form after January 1, 2011.**

- Loss of Job
 Required: Last paystub for job lost (and paystub for additional jobs held, if any)
 Determination of Benefits letter for unemployment benefits
- Decrease in work hours of current position
 Required: Last paystub of previous hours
 Most recent paystub for all jobs held
- Change of job resulting in reduction of income
 Required: Last paycheck previous job
 Most recent paystub for all jobs held
- Loss of unemployment benefits
 Required: Paystub(s) before and after employment
 Determination of Benefits letter for unemployment benefits
- Medical expenses not covered by insurance
 Required: Documentation showing what you paid out-of-pocket (cancelled checks, receipts, etc.)
 Copy of 2009 federal income tax return
- Death of family member
 Required: Copy of death certificate, obituary notice or memorial program
- Disability of family member
 Required: Statement from physician as to nature and condition of disability and date disability began.
- Other: _____
 Required: Any appropriate documentation

Date(s) of Change: _____

*****PLEASE COMPLETE THE REVERSE SIDE*****

