

Stark State College
Gateway Student Services

6200 Frank Ave NW, North Canton, OH 44720
 (330) 494-6170 | Fax-(330) 966-6598
 www.starkstate.edu | studentservices@starkstate.edu



FOR OFFICE USE ONLY

- Granted
- Not Granted

Initial and Date _____

SPECIAL CONDITIONS APPLICATION
2023-2024

STUDENT NAME _____

SSC STUDENT ID # _____

PHONE NUMBER _____

PURPOSE: This form is to assist you in reporting changes in the financial circumstances of you and/or your family that have occurred after you filed the Free Application for Federal Student Aid (FAFSA), and will in some way severely limit the ability of you and/or your parents to contribute toward your 2023-2024 college costs.

INSTRUCTIONS: Please review the Special Conditions specified below. If you meet one or more of these conditions check the appropriate box(es), complete the explanation section of the form, and review the list of required documentation on the back of this form. Gather any documents and/or information required and contact the Gateway Student Service Center to have your application reviewed by a Gateway Center counselor.

Special Condition	Dependent Student	Independent Student
A. Reduction of student, spouse, and/or parent income.	<input type="checkbox"/> You and your parent(s) total resources are or will be less than 2021.	<input type="checkbox"/> You (and your spouse's) total resources are or will be less than 2021.
B. Separation or Divorce	<input type="checkbox"/> AFTER you applied for Federal student aid, your parents separated or divorced.	<input type="checkbox"/> AFTER you applied for Federal student aid, you and your spouse separated or divorced.
C. Death	<input type="checkbox"/> AFTER you applied for Federal student aid, a parent has died.	<input type="checkbox"/> AFTER you applied for Federal student aid, your spouse has died.
D. Other – unusual medical/dental expenses, natural disaster, one-time lump sum income, etc.	<input type="checkbox"/> You have a situation which you would like to have reviewed by a Gateway Center Counselor.	<input type="checkbox"/> You have a situation which you would like to have reviewed by a Gateway Center Counselor.

EXPLANATION OF SPECIAL CIRCUMSTANCES (attach additional sheets if necessary).

This section must be completed for application to be reviewed.

STUDENT NAME _____

SSC STUDENT ID # _____

Before your Special Conditions application can be processed, you must submit documents required for Verification if you have not already done so for the 2023-2024 aid year. Verification includes a 2023-2024 verification worksheet, 2021 signed federal income tax return or IRS tax return transcripts, all applicable 2021 tax return schedules, copies of all 2021 W-2's, 1099's, or other income statements, non-filers statement, and/or other income documents. A copy of your parent(s), and/or your spouse's 2021 federal tax return and all 2021 W-2's will also be required.

Loss or Reduction of Income from Work

- o Statement regarding current employment status, **and**
- o Letter from previous employer stating the date of termination, **and**
- o Last paycheck stub(s) including year-to-date earnings, **and**
- o Benefit or denial letter of unemployment (if applicable), **and**
- o Check stub of new employment (if applicable).

For loss of employment, **individuals must be unemployed for at least 10 consecutive weeks prior to filling out this form.**

Separation or Divorce

- o Documentation verifying legal separation or copy of divorce decree. (In some cases of separation, documentation of separate physical addresses may be acceptable), **and**
- o Clarification of Household Size Form, **and**
- o Documentation of current income and assets for student (independent) or custodial parent (dependent).

Death of a Parent or Spouse

- o Copy of Death Certificate, **and**
- o Documentation of current income and assets for student (independent) or custodial parent (dependent).

Reduced or Terminated Untaxed Income — Social Security Benefits, child support, alimony, Worker's Compensation, Disability Compensation, etc.

- o Documentation of benefit, amount and date of reduction/termination

Unusual Medical Expenses — paid but not covered by insurance

- o Copy of 1040 Schedule A, **and/or**
- o Receipts of medical/dental payments made.

Other — may include one-time lump sum payment (pension, severance pay, real estate, etc.), cost related to support of extended family, natural disaster, etc.

- o Pertinent official documentation to support the special circumstance

SIGNATURES:	
By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct. If dependent, at least one parent must sign. If asked by an authorized official, I agree to provide proof of the information that I have provided on this form. I realize this proof may include a copy of my U.S., State, or local income tax return. I also realize if I do not provide proof when requested, I (student) may not receive aid. Warning: If false information is purposely given on this form, a \$20,000 fine, a prison sentence, or both could be imposed.	
Student Signature:	Date:
Spouse Signature:	Date:
Parent Signature:	Date:

FOR OFFICE USE ONLY				
Student	Spouse	Parent 1	Parent 2	
Earned _____	Earned _____	Earned _____	Earned _____	Verified EFC _____
Untaxed _____	Untaxed _____	Untaxed _____	Untaxed _____	New EFC _____
AGI _____	AGI _____	AGI _____	AGI _____	Initials _____
Taxes Paid _____	Taxes Paid _____	Taxes Paid _____	Taxes Paid _____	Date _____
Notes: _____	Notes: _____	Notes: _____	Notes: _____	