

Walden University

2008-2009 Special Condition Application for a Dependent Student

Student Name: _____ SSN# _____

Current Mailing Address: _____

City State Zip Code

Current Telephone Number: _____ Today's Date: _____

This application is for a review of special circumstances that have arisen, which you feel may change your financial aid eligibility. We require that certain documents **MUST** be provided to support the specific special condition selected by you and/or your spouse. We start with an evaluation of the accuracy of the information that you submitted on your Free Application for Federal Student Aid (FAFSA). We will evaluate the supporting documents along with your FAFSA to determine if you are eligible for any adjustments.

The United States Department of Education provides in the Higher Education Amendments of 1998 a reaffirmation of the use of professional judgment in determining eligibility for federal financial aid. This provision allows for consideration of expected year income, instead of prior year income to calculate a student's eligibility. The student's situation **MUST** meet one of the criteria used by Walden University as a special condition. This means that a student who meets a special condition in the 2008-2009 award year may have his/her eligibility calculated using expected income from 2008.

Required Documentation for All Conditions

2007 signed copy of student and parent(s) Federal Income Tax Return (including all schedules, W-2s, and 1099s). If your supporting parent filed separate from their spouse, they must provide both returns. **YOUR REQUEST WILL NOT BE CONSIDERED IF THE REQUIRED DOCUMENTATION IS NOT PROVIDED.**

No Guarantee

Reporting a special condition does not guarantee that an adjustment will be made. The Federal Government has strict guidelines that the college must follow in these situations. The Office of Financial Aid may deem that the condition does not fit the spirit of the federal regulations governing financial aid programs. **ALL DECISIONS MADE BY THE OFFICE OF FINANCIAL AID WILL BE FINAL.**

Notification

The Office of Financial Aid will review your Special Condition Application on a chronological basis. That is, applications are reviewed in the order of the date of submission. If the application is approved, the student will receive an email reflecting the approval. If the application is denied, the student will be notified as such by email. Lack of notice means the application has not been reviewed as of yet.

Situations that do NOT qualify as a Special Condition

Examples would include, but are not limited to: a student/parent who decides to quit their job, a student/parent who decides to reduce their work hours to attend school, or consideration of expenses that are being paid on a regular basis (household bills/credit cards, car payments, mortgage payments)

Instructions for Completion

1. Complete only the sections that apply to your situation and provide all documentation.
2. Provide all requested signatures. Write student name and SSN across the top of all documents.
3. If additional information is required, you will be notified promptly.

Special Condition Application (con't)

Explanation of Conditions and Additional Required Documents

____ Student was employed full –time (at least 35 hours per week) for at least 30 weeks in 2007, but is not working full-time now.

_____ Number of weeks worked full-time in 2008
_____ Number of hours worked per week in 2008

Requested Documentation:

Notice of termination/cessation from employer OR notice of reduction of hours to less than full-time
Copy of most recent pay stub(s) or statement of earnings to date
Notice of application for unemployment compensation (if applicable) and amount received
Documentation of all other sources of student and/or spouse’s income (taxable and non-taxable)
Notification of Worker’s Compensation (if applicable)
Employer disability payments (if applicable)
Personalized, detailed letter from student stating the reason for requesting a special condition

____ Parent, who earned money in 2007, has lost his/her full-time employment for at least 10 consecutive weeks in 2008. **This must be a complete loss of employment.**

_____ Number of weeks your parent(s) has been unemployed in 2008

Requested Documentation:

Notice of termination/cessation from employer OR notice of reduction of hours to less than full-time
Letter from spouse documenting loss of employment circumstances
Copy of most recent pay stub(s) or statement of earnings to date
Notice of application for unemployment compensation (if applicable) and amount received
Documentation of all other sources of student and/or spouse’s income (taxable and non-taxable)
Notification of Worker’s Compensation (if applicable)
Employer disability payments (if applicable)
Personalized, detailed letter from student stating the reason for requesting a special condition

____ The student or parent loss of employment due to disability or natural disaster for more than 10 consecutive weeks in 2008. **This must be a complete loss of employment.**

_____ Number of weeks you/parent(s) were unable to earn money in 2008.

Requested Documentation:

Attending doctor’s statement of disability
Date disability resulted in termination of employment
Documentation of Official Declaration of Natural Disaster Status (if applicable)
Copy of most recent pay stub(s) or statement of earnings to date
Notice of application for unemployment compensation (if applicable) and amount received
Documentation of all other sources of student and/or spouse’s income (taxable and non-taxable)
Notification of Worker’s Compensation (if applicable)
Employer disability payments (if applicable)
Personalized, detailed letter from student stating the reason for requesting a special condition

____ Student or parent loss of untaxed income or benefit for more than 10 consecutive weeks in 2008.

Please circle which benefit(s) applies:

Unemployment Social Security Disability Welfare Court Ordered Child Support

_____ Date of last payment received from benefit provider

Required Documentation for all situations of loss of benefits listed above:

Notice of application for unemployment compensation and amount received (unemployment benefit loss only)
Notice of loss of benefit (court documents verifying loss and condition required if benefit is child support)
Copy of most recent pay stub(s) or statement of earnings to date (also spouse if applicable)
Documentation of all other sources of income (taxable and non-taxable)
Personalized, detailed letter from student stating the reason for requesting a special condition

Special Condition Application (con't)

_____ You have already filed your Free Application for Federal Student Aid (FAFSA or Renewal FAFSA) and, since that time, your supporting parent has separated or divorced.

_____ Date of separation/divorce

Required Documentation:

Court documented separation agreement OR divorce decree/settlement
If not legally divorced, documentation to support separate residency (such as copy of lease, deed, or utility bills)
Personalized, detailed letter from student stating the reason for requesting a special condition

_____ You have already filed your Free Application for Federal Student Aid (FAFSA or Renewal FAFSA) and your parent has died.

_____ Date your parent died

Required Documentation:

Copy of parent's death certificate

_____ The student/parent had medical/dental expenses NOT paid by insurance in 2007 that exceeds 11% of the family's adjusted gross income.

Required Documentation:

Schedule A copy of your/parent's 2007 Federal Income Tax Return OR Receipts for medical/dental payments (receipts must document that insurance will not pay at a later date)

_____ The parent paid elementary and/or secondary education expenses in 2007.

Required documentation:

Letter from school stating amount paid for tuition during 2007.

_____ The parent paid nursing home expenses not covered by insurance during 2007.

Required documentation:

Receipts for nursing home payments during 2007

_____ The parent paid unusually high dependent care expenses in 2007.

Required Documentation:

Letter from daycare center providing total amount paid in 2007

FAILURE TO PROVIDE THE REQUESTED DOCUMENTATION WILL RESULT IN NO FURTHER PROCESSING OF THIS REQUEST.

I certify that the information proved on this form is true and complete to the best of my knowledge. I agree to provide additional proof of the information that I have given on this form if asked by the Office of Financial Aid. I understand that the decision made by the Office of Financial Aid will be FINAL. I further understand that purposely giving false misleading information may subject me to fines and/or penalties.

Student's Signature

Date

Parent's Signature

Date