# MOUNT ALOYSIUS COLLEGE
# SPECIAL CONSIDERATION FORM 27/28

**Return completed form/documentation to:**
Financial Aid Office
7373 Admiral Peary Hwy
Cresson, PA 16630
(814) 886-6357 (814) 886-6463 FAX
financialaid@mtaloy.edu

Student's Name

Phone No: Email: Social Security No. or Student ID

Complete Mailing Address including City, State and Zip Code

This Special Consideration Form may be used by you and your family (Independent students or Parents of Dependent students) to report unusual or unforeseen changes to your family income that you believe impacts your ability to contribute to your education at Mount Aloysius College. It can also be used if you and your family have extraordinary expenses that provide you with less available income (medical, dental, dependent care or elementary/high school tuition expenses). These extraordinary expenses cannot be for purchases of consumer goods or services or other lifestyle choices. Other ineligible circumstances include: loss of overtime pay, expenses related to personal living such as car/mortgage payments, credit card bills, wedding/vacation expenses, lottery winnings, one-time bonus, inheritances or legal awards, utilities bills, etc. Before the Financial Aid Office can review any of the information you must have your 2027/28 FAFSA on file and completed the verification process if you were selected. In addition, a Special Consideration request will not be processed if your SAI ranges from -1500 to 0 or you are a Graduate student. After your Special Consideration request is processed you will receive an updated award letter indicating if a change was made to your Federal Pell Grant eligibility or if you now qualify for subsidy on your Federal Direct student loan.

Please indicate the year in which your change of circumstances first took place:

☐ **2026**

☐ **2027**

Please check the appropriate circumstance(s) listed below. It is your responsibility to provide all requested documentation**.** **Incomplete forms and forms without the required documentation will not be processed.** Indicating you have zero income will not be acceptable and you will be asked to submit additional information regarding your living situation and who is assisting you and your family with those living expenses. Reviews are done on a case by case basis and all decisions are final. The Financial Aid Office reserves the right request additional information if further clarification is needed. A special consideration request will only be done one time per year and must be submitted to the Financial Aid Office before the end of the Spring semester.

☐ **Loss of Employment or Reduction of Income for**: _____ Reason: _____
Please provide the following documentation for the year you experienced the reduction:

- **Copy of 2026 OR 2027 Federal Income Tax return and all W-2's** (*if your 2027 income was reduced due to Loss of Employment/Reduction of Income you cannot submit this form until you file your taxes)
- Letter from employer indicating date of termination or reduction in working hours/salary/wages
- Any information regarding benefits paid upon termination (severance pay, vacation/sick time pay, etc.)

☐ **Divorce/Separation Date of Divorce/Separation:** _____
Please provide the following documentation for the year you experienced the reduction. (*Note: request for reduction of ` income due to separation will only be done once while the student is enrolled.)

- If divorced- copy of divorce decree
- If separated- copy of the legal separation document OR a signed statement from your attorney showing the date of separation.
- Copy of your 2026 OR 2027 Federal Income Tax return and your W-2's (*if your 2027 income was reduced you cannot submit this form until you file your taxes)

☐ **Death of Parent/Spouse Date of death:** _____

Please provide the following documentation:

- Copy of death certificate
- Copy of your 2026 or 2027 Federal Income Tax return and all W-2's (*if your 2027 income was reduced you cannot submit this form until you file your taxes)

☐ **Loss of Untaxed Income for:** _____ Reason: _____

Please provide the following documentation:

- Please attach a copy of the letter from the agency that provided the benefits, detailing the termination of benefits. This must have occurred during 2026 or 2027.

☐ **Unusual Medical/Dental Expenses for parent/student/spouse** **In order to complete this section your medical/dental must exceed 11% of your total income for 2026 **or** 2027.*

- Submit an explanation of your circumstances
- Provide a copy of the Schedule A from your Federal tax return for the year the family experienced unusual medical/dental expenses. Only one year of expenses (2026 or 2027) will be used.

☐ **Dependent Care/Elementary & High School Education Tuition**

**How much did you/spouse or your parents pay in dependent care or elementary or high school education tuition in 2026?** _____

Please provide the following documentation:

- Letter from the daycare provider or a letter from the elementary or high school showing the amount paid in 2026. Must include the names of all children in which a fee/tuition was paid for the year.

☐ **Other Circumstances or information that is pertinent to your request.**

Please explain your situation in the box below. If you need additional space please attach a separate sheet of paper.

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******If additional information is needed you will be notified via the email address or postal address listed on this form.

***By signing this form. I (we) certify that the information provided is complete & accurate to the best of our knowledge.***

Student's Signature: _____ Date: _____

Parent's Signature: (if applicable) _____ Date: _____

**FA USE ONLY:**
PROCESSED YES NO
REASON: