

Financial Aid Office
SUNY Sullivan

REQUEST FOR SPECIAL CONDITIONS 2011-2012

Student's Name _____

In order to review your request, check appropriate response.

Dependent Student Only

- Parent's Loss of employment for at least 10 weeks in 2011. Date job lost: _____
Attach last pay stub.
- Parent who earned money in 2010 has not earned money in 2011. Effective date: _____
Reason for unemployment: _____
- Parent's separated or divorced. Effective date: _____
- Death. A parent who received income in 2010 has died after you've applied for Federal Student Aid. Attach copy of death certificate.
- Other: Explain _____

Attach documentation of 2011 Income

Parent's Signature _____ Date _____

Independent Student Only

- Loss of employment – you worked full time (at least 35 hours a week) for at least thirty weeks in 2010 but aren't working full time now. Effective date: _____
Reason for loss of employment: _____
- Spouse earned money in 2010 but has lost job for at least 10 weeks in 2011.
Effective date: _____ Attach last pay stub.
- Separation or divorce. Effective date: _____
- Death of spouse after you've applied for Federal Aid. Attach copy of death certificate.
- Other: Explain _____

Attach documentation of 2011 Income.

Student's Signature _____ Date _____

Medical/Dental Expenses

Student's whose families have excessive medical or dental expenses may have that taken into consideration. Documentation of 2010 medical and dental expenses not paid by insurance must be provided - 2010 Schedule A, itemized bill from doctors, dentists, hospitals, and so forth, indicating amount paid by insurance/patient is required.