

DEPENDENT SPECIAL CONDITION FILING
2011-2012

Applicants who wish to file under the Special Condition provision must indicate the condition and complete this form.

SPECIAL CONDITION

DEPENDENT STUDENT

- | | | |
|--|--------------------------|--|
| LOSS OF EMPLOYMENT | <input type="checkbox"/> | A parent who earned money in 2010 has lost his or her job for at least 10 weeks in 2011. |
| LOSS OF NON-TAXABLE INCOME OR BENEFITS | <input type="checkbox"/> | A parent who earned money in 2010 has not been able to earn money in his or her usual way for at least 10 weeks in 2011. This must have been because of a disability or a natural disaster that happened in 2010 or 2011. |
| SEPARATION OR DIVORCE | <input type="checkbox"/> | Your parents have separated or gotten divorced after you've applied for Federal student aid. |
| DEATH | <input type="checkbox"/> | A parent has died after you've applied for Federal student aid. |
| DISLOCATED WORKER | <input type="checkbox"/> | A parent is certified as a Dislocated Worker if he or she is receiving unemployment benefits due to being laid off or losing a job and is unlikely to return to a previous occupation; has been laid off or received a lay-off notice from a job; was self-employed but is now unemployed due to economic conditions or natural disaster; or is a displaced homemaker. A displaced homemaker is generally a person who previously provided unpaid services to the family(e.g., a stay-at-home mom or dad), is no longer supported by the husband or wife, is unemployed or underemployed, and is having trouble finding or upgrading employment. |
| OTHER | <input type="checkbox"/> | Please explain in the space provided below. |

Provide a written statement of the special circumstances for which you are requesting expected 2011 income consideration instead of 2010 income to be used to calculate a student's financial aid eligibility. Attach an additional sheet if necessary.

I certify that the Special Condition category indicated, as well as the expected 2010 taxed and untaxed income and benefits indicated on the attached page are true and correct to the best of my knowledge.

STUDENT SIGNATURE _____

DATE _____

PARENT'S SIGNATURE _____

DATE _____

PRINT STUDENT'S NAME _____

DATE _____

Eastern Wyoming College -Financial Aid Office
3200 West C Street
Torrington, WY 82240
(307) 532-8224 or 1-800-658-3195
Fax (307) 532-8222