

SCHOOLCRAFT COLLEGE

Office of Financial Aid McDowell Center—MC260 734-462-4433

PARENT Change in Circumstance Worksheet 2010 - 2011

By completing this form, you are stating there has been a major, involuntary change in your family's financial circumstance that reduced your family income or assets in 2010.

The purpose of this form is to allow you to submit additional information that will assist the Office of Financial Aid in determining your child's eligibility for financial aid. The additional information will be used to consider changes in your family's financial status, and to determine if allowable adjustments can be made to reflect those changes. Accurate and sufficient documentation is very important. If you have any questions, please let us know.

Note: To be eligible for a Change in Circumstance, a student must meet the Satisfactory Academic Progress standards of the College.

Student Name _____ Student ID# _____

1 SUBMIT THIS FORM WITH A WRITTEN, DETAILED EXPLANATION OF YOUR FAMILY'S CHANGE IN CIRCUMSTANCE **(NOTE: For layoffs and terminations you must be unemployed for at least 10 weeks before submitting this form.)** Provide documentation to support your change in circumstance and your projected income. We may also request additional documentation depending on your situation. Lack of documentation will delay or stop evaluation of your request.

2 ESTIMATE YOUR 2010 INCOME Report all income received through today PLUS income you expect to receive from today through 12/31/10. **Please be sure to include gross income amounts.**

Source of Income	Estimate of Annual Income	For Office Use Only
Father/Stepfather's wages		
Mother/Stepmother's wages		
Unemployment compensation		
Alimony		
Pension benefits		
Child support		
Disability benefits		
Workmen's Compensation		
Life insurance proceeds		
Other (pls. explain)		
TOTAL EST. OF ANNUAL INCOME		

3 CURRENT ASSETS

Type of Asset	Value of Asset	Debt on Asset
Cash, savings, checking		
Investments		
Business/Farm		

4 CERTIFICATION
By signing this worksheet, I certify that all of the information reported on it is complete and correct. I understand that submission of this form and documentation does not guarantee that an adjustment will be made. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Parent _____ Date _____

Mail, fax or bring the requested items to the Office of Financial Aid.

Office hours are: Monday and Thursday, 8:00 a.m. to 7:30 p.m.
Tuesday, Wednesday and Friday, 8:00 a.m. to 4:30 p.m.
Phone number: 734-462-4433 If you have any questions, please contact us.
Fax number: 734-462-4527 You may fax forms and responses.
Email: finaid@schoolcraft.edu

For Office Use Only

Approved _____
 Denied initials/date

Reason: