Schoolcraft College

Independent Change in Circumstance 2018-2019

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 2018.

The purpose of this form is to allow you to submit additional information that will assist the Office of Financial Aid in determining your 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 contact the Financial Aid Office.

Student Name _____ Student ID#_____

1

PROVIDE A 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. For example: letters of separation from former employers, unemployment benefit determination letters, etc. We may request additional documentation depending on your situation. Lack of documentation will delay or stop the evaluation of your request. (Attach additional sheet if needed)

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2

ESTIMATE YOUR 2018 GROSS ANNUAL INCOME

Report all income received through today PLUS income you expect to receive from today through 12/31/18.

For any source of income listed below, please provide proof of that income. For example, most recent paystubs, proof of unemployment benefits received year-to-date, document withdrawals from retirement.

Source of Income	Estimate of 2018 Income NO BLANKS, PUT "0" IF IT DOES NOT APPLY	For Office Use Only
Student's wages		
Spouse'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		

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CURRENT ASSETS

DO NOT LEAVE BLANKS. PUT "0" IF IT DOES NOT APPLY

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

4

DOCUMENTATION ATTACHED

_____

_____

_____

_____

5

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.

_____

Student Signature Date

_____

Print Student Name Student ID #

For Office Use Only

☐ Approved _____

☐ Denied initials/date

Reason: