

**Bradley University**  
**Special Consideration Worksheet**  
**2008 – 2009**  
**Dependent**

Student's Name: \_\_\_\_\_ Student's SSN: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Condition 1** Changes in Income: Complete this section if your parent(s) income in 2008 will be less than their income in 2007.

	Father	Mother
Estimated 2008 taxable earnings (including any income from work, investments, business/farm)	\$ _____	\$ _____
Estimated 2008 non-taxable income (Social Security, Workman's Comp, child support)	\$ _____	\$ _____
Estimated 2008 Unemployment Compensation	\$ _____	\$ _____

Briefly explain the reasons for the change(s) in income: - \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Condition 2** Parent(s) in College: Complete this section if either of your parents will attend college at least 1/2 time (6 credit hours or more per term) in the 2008-2009 academic year. If more than one parent qualifies, provide that parents information.

Parent Name \_\_\_\_\_  
 School Name \_\_\_\_\_ Degree being sought \_\_\_\_\_  
 Fall Sem/Qtr Hours \_\_\_\_\_ Tuition Charges \$ \_\_\_\_\_ Employer Assistance \$ \_\_\_\_\_ Financial Assistance \$ \_\_\_\_\_  
 Winter Term Hours \_\_\_\_\_ Tuition Charges \$ \_\_\_\_\_ Employer Assistance \$ \_\_\_\_\_ Financial Assistance \$ \_\_\_\_\_  
 Spring Sem/Qtr Hours \_\_\_\_\_ Tuition Charges \$ \_\_\_\_\_ Employer Assistance \$ \_\_\_\_\_ Financial Assistance \$ \_\_\_\_\_

Parent Name \_\_\_\_\_  
 School Name \_\_\_\_\_ Degree being sought \_\_\_\_\_  
 Fall Sem/Qtr Hours \_\_\_\_\_ Tuition Charges \$ \_\_\_\_\_ Employer Assistance \$ \_\_\_\_\_ Financial Assistance \$ \_\_\_\_\_  
 Winter Term Hours \_\_\_\_\_ Tuition Charges \$ \_\_\_\_\_ Employer Assistance \$ \_\_\_\_\_ Financial Assistance \$ \_\_\_\_\_  
 Spring Sem/Qtr Hours \_\_\_\_\_ Tuition Charges \$ \_\_\_\_\_ Employer Assistance \$ \_\_\_\_\_ Financial Assistance \$ \_\_\_\_\_

**Condition 3** Siblings in Private Elementary or Secondary Schools

Sibling Name \_\_\_\_\_  
 School Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Annual Tuition Charge \$ \_\_\_\_\_ Financial Assistance \$ \_\_\_\_\_

Sibling Name \_\_\_\_\_  
 School Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Annual Tuition Charge \$ \_\_\_\_\_ Financial Assistance \$ \_\_\_\_\_

Sibling Name \_\_\_\_\_  
 School Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Annual Tuition Charge \$ \_\_\_\_\_ Financial Assistance \$ \_\_\_\_\_

**Condition 4 Divorced or Separated (Parent) Information:** You indicated your parents were recently divorced or separated, but filed a joint 2007 tax return. To make an adjustment for this situation we need the following items:

- Parents' completed 2007 federal tax form (1040, 1040A or 1040EZ)
- Parents' 2007 W-2 Forms
- Separation agreement or divorce decree including settlement agreement

**Non-Custodial parent information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*All items are needed to make any adjustment.*

**Condition 5 Extreme Medical or Dental Expenses:** You indicated that your family has incurred medical/dental expenses in excess of 10% of your adjusted gross income. Please forward the following:

- Parents' completed federal tax form (1040), including schedule "A".

**Condition 6** Use this space to briefly *explain any other circumstance you think should be considered.*

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We certify all the information provided to be correct and accurate. We also understand that if the projected circumstances fail to materialize, any financial assistance received because of the conditions is subject to recision on this or subsequent academic years.

Name of Person Completing Form: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

FAX (309) 677-2798 or mail to:  
Bradley University, Financial Assistance Office, 1501 W. Bradley Avenue, Peoria, IL 61625