



## Financial Disclosure Form

Financial Aid Office  
3033 Hwy 24 Beloit, KS  
785-738-9028  
785-738-9062  
Fax: 785-738-2903

### STUDENT Information:

Last Name	First Name	M.I.	Social Security Number	
Street Address		City	State	Zip Code
Email Address		Phone Number		

**PLEASE READ before completing this form.** NCK Tech College recognizes that there may be circumstances when your general application for financial assistance does not accurately reflect a family's current financial situation. The Financial Disclosure Form allows us the ability to review a student's financial and focus on all aspects of a student's ability to be successful. Examples of possible circumstances are listed below: however, this list is not intended to be all-inclusive, as you may have a situation that is not recognized. This form will be reviewed after this form and all supporting documents are received. You will be notified of the result by the Financial Aid Office. You must have a completed FAFSA on file at NCK Tech before any adjustments can be considered. Adjustments made are based on this request and apply to aid eligibility at NCK Tech only.

**Please write a detailed description of the special circumstances that affect your financial situation. This description must be typed with 12 point font and a minimum of 500 words in length and no longer than 1000 words. Please provide all information you feel is needed for us to understand your particular situation.**

### *North Central Kansas Technical College*

**Beloit Campus**  
P.O. Box 507 | 3033 U.S. Highway 24 | Beloit, Kansas 67420  
1-800-658-4655 | 785-738-2276

**Hays Campus**  
2205 Wheatland Ave. | Hays, Kansas 67601  
1-888-567-4297 | 785-625-2437



**Check Each Circumstance Affecting Your Financial Situation:**

Section A: Additional Documentation May Be Required for Professional Judgement Requests. The Financial Aid Office will notify you of any documents that need to be submitted if required. *Please indicate student's name and social security number on the top of each page submitted.*

\_\_\_\_\_ **1. Decrease in student/spouse income or parent income since 2017:**

Reason for decrease in income: \_\_\_\_\_

**Please indicate the ESTIMATED GROSS MONTHLY INCOME since change occurred**

Student \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

\_\_\_\_\_ **2. Divorce/Separation:**

Date of Separation: \_\_\_\_\_

\_\_\_\_\_ **3. Death of Student's parent or spouse:**

Name of person deceased and relationship to student: \_\_\_\_\_

\_\_\_\_\_ **4. Received one-time income distribution (e.g. inheritance, moving expense allowance due to job relocation, back year social security payments, or IRA or pension distribution):** Provide documentation to identify the source of income and itemized statement of how that income was spent

\_\_\_\_\_ **5. Legal Fees:** A family has paid legal fees (divorce, death, adoption) that are not deductible on a federal tax return. Include documentation to confirm amount paid in 2017. Include documentation to confirm amount paid in 2017.

\_\_\_\_\_ **6. Loss of Benefit:** Please submit letter from Social Security Administration, or Form 1099 for 2016

\_\_\_\_\_ **7. A family member maintains two households (generally temporarily) because of employment changes:** Provide proof of utility bills, rent, and dates for second household

\_\_\_\_\_ **8. Excessive medical expenses NOT COVERED by insurance:** Include copies of the cancelled checks or a statement of account to confirm amounts PAID during the time frame selected. *This does not include what you owe.* Do not include any premiums paid pretax for your medical insurance.

\_\_\_\_\_ **9. Dependent care:** Costs paid for the care of a dependent family member (e.g. care for a child with special needs, a disabled or elderly family member): Submit a copy of an itemized statement of expense

\_\_\_\_\_ **10. Disability:** If a parent/spouse/dependent has experienced a recent disability. Submit a copy of itemized statement of expense.

Professional Judgment Reviews and adjustments are at the discretion of the Financial Aid Office

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**Certification of Understanding:** The information I submit in support of this appeal is true and complete to the best of my knowledge. I agree to give proof of all appeal information as indicated above. I understand that approval of this request does not assure approval of a similar future request and that any financial assistance offered is limited by the availability of funds in any given year. **I understand that the information provided in past appeals may be reviewed for accuracy and this can impact the outcome of this appeal. Further, the accuracy of the information I submit in this appeal can affect the outcome of any future appeals I may submit.**

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent: \_\_\_\_\_

Parent's E-mail (Optional): \_\_\_\_\_

\*Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

*\* Required for all dependent students.*

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