SPECIAL CIRCUMSTANCE REVIEW



Students who request a special circumstance review must provide the following information to support his/her case. Professional judgment review will be considered for students who have extenuating financial circumstances. Additional documentation that is not listed may be requested. The Director of Financial Aid determines the approval or denial of a special circumstance review.

Required Documents:

- 1. Special circumstance review form (attached)
- 2. Letter from previous employer stating dates of employment and reason for dismissal.
- 3. Verification of any unemployment or TRA benefits
- 4. Student and/or spouse's most recent financial information that documents change in income (tax return transcript, W2, disability benefit, etc.)
- 5. Student and/or spouse's current check stub from work (if student and/or spouse are currently employed)

Dependent students must also provide the following documentation:

- 1. Parent's most recent financial information that documents change in income (tax return transcript, W2, disability benefit, etc.)
- 2. Parent's current check stub from work (if parents are currently employed)

Other Documentation as listed below:							

SPECIAL CIRCUMSTANCE REVIEW FORM

Student NameStuden			_Student Numb	er	SSN		
Paren	t(s) Nam	ne (if applicable)					
1.	Will yo	our income and/or your spouse's or parents	s' income be le	ss in this year th	nan last year?		
_	•	Yes No		•	•		
2.	Please circle the appropriate reason and explain below, giving the date of the change in your situation.						
	a.	Loss of job due to plant closure/layoff	d.		ome (examples:		
	b.	Death of spouse or parent		or pension dis	cial Security, IRA stribution)		
		·		•	,		
Dlooce	C.	Disability of student, spouse, or parent n your special circumstance in detail – attac	e.	Other	rs /·		
1 10030	CAPIGII	Tyour special circumstance in detail attac	on additional 31	iccis ii riccessa			
		DOCUMENTATION REQUIRED! Attach	n copies of all d	ocuments to sup	pport your request.		
(E	Example	s: last pay stub, unemployment forms, layo	off notice, docto	r's note, disabili	ty claim, death certificate, etc.)		
Curr	ent/Exp	ected Household Income	s	tudent/Spouse	Parent		
Stude	ent wage	es, salaries, tips (including severance pay,			1 0.011		
		ments and other income from work)					
		es, salaries, tips (including severance pay,					
		ments and other income from work)					
		es, salaries, tips (including severance pay, ments and other income from work)	,				
		ges, salaries, tips (including severance pay	,				
		ments and other income from work)	,				
Othe	r taxable	e income (include unemployment benefits)					
Aid to	o Familie	es with Dependent Children (AFDC)					
711010	o i airiiii	se war populatin ermaion (74 po)					
Alimo	ony and/	or child support received					
Othe	r untaxe	d income (worker's comp, etc.)					
		, , , , , , , , , , , , , , , , , , , ,					
Tota	I Expect	ted Income					
	Ноисо	hold' support includes benefits provide	d by the follow	vina programa	(provide decumentation):		
	riouse	noid support includes benefits provide	d by the follow	wing programs			
		PROGRAM AND/OR A	AGENCY	STUDENT	PARENT		
		Supplemental Security Incom	no (SSI)	 			
		Supplemental Security Incon Social Security (Retirement)	116 (331)	+			
		Social Security (Retirement) Social Security Disability		+			
		Food Stamps		+			
		Free or Reduced Price Scho	ol Lunch				
		TANF					

WIC

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Date	Student Signature	Student Signature				
	Parent Signature					
	or separated, give only your information o parent give only your information or the i	or the information of the custodial parent. If the loss of income was information of the surviving parent.				
national origin, age or disability. W	CC will make reasonable accommodations					
OFFICE USE ONLY						
		DATE RECEIVED:				
Date	FAO Signature					