



PLEASE PRINT THE FOLLOWING INFORMATION

Student's Name: _____	CoSCC ID A _____	Date of Birth: _____
Complete Address: _____		
Street	City	State Zip
Telephone: Home (____) ____-____	E-mail Address: _____@_____	
Cell (____) ____-____		

This form is for reporting special circumstances not considered on the FAFSA. Requests will be processed when the Financial Aid Office receives all required documentation including the 2009-2010 FAFSA results. Only certain adjustments can be made to a student's financial aid package or expected family contribution. Results from these adjustments do not guarantee an increase in financial aid.

This request provides an opportunity to document those special circumstances that significantly and negatively affect your ability to contribute to you cost of a college education.

Listed below are some examples of special circumstances:

2009 Loss of Employment/Reduction in Income:

Please check the family member that experienced the special circumstance:

- Father/Stepfather Mother/Stepmother Student Student's Spouse

Check all that apply	Reason	Required Documentation
<input type="checkbox"/>	Loss of Employment	<ul style="list-style-type: none"> ✓ Signed/dated letter on company letterhead from prior employer stating the termination date and 2009 earnings. ✓ Personal letter signed and dated by the student/spouse/parent describing the situation and plans to return to work. ✓ 2008 signed Federal Tax Return and 2008 W-2s
<input type="checkbox"/>	Reduction in Income (Reduction of wages)	<ul style="list-style-type: none"> ✓ Signed/dated letter on company letterhead from all 2008 employers stating expected earnings for 2009 and reason for reduced wages. ✓ 2008 signed Federal Tax Return and 2008 W-2s
<input type="checkbox"/>	Loss of Unemployment Compensation	<ul style="list-style-type: none"> ✓ An official statement indicating terminations of unemployment compensation. ✓ 2008 signed Federal Tax Return and 2008 W-2s
<input type="checkbox"/>	Reduction of Untaxed Income and/or Benefits	<ul style="list-style-type: none"> ✓ A copy of the letter from the agency that provided benefits detailing reduction or termination of benefits. ✓ Copy of benefits summaries (e.g. SSI, workers compensation, child support, etc.) ✓ For loss of child support, submit a copy of the divorce decree or court documents detailing the termination. ✓ 2008 signed Federal Tax Return and 2008 W-2s



<input type="checkbox"/>	Reduction of Income Due to Separation, Divorce or Retirement (Only if you have done so since you filed the 2009-2010 FAFSA)	<ul style="list-style-type: none"> ✓ Divorce – copy of divorce decree ✓ Separation – copy of legal separation document or a signed statement from your attorney showing the date of separation. ✓ Retirement – an official statement on letterhead from prior employer stating the full name of the retired person, the date the retirement took effect and the amount of retirement benefits the person is expected to receive in 2009. ✓ 2008 signed Federal Tax Return and 2008 W-2s
<input type="checkbox"/>	Reduction Due to Death of a Parent or Spouse	<ul style="list-style-type: none"> ✓ A copy of the death certificate, or obituary notice. ✓ 2008 signed Federal Tax Return and 2008 W-2s
<input type="checkbox"/>	Other Example: paid medical or dental expenses not covered by insurance, unusually high child care costs, elementary or secondary school tuition.) Specify: _____	<ul style="list-style-type: none"> ✓ Medical – copies of the bills and proof of personal payments not including insurance ✓ Child care costs – copy of letter from agency and amounts paid ✓ Tuition – a copy of letter from school detailing costs ✓ 2008 signed Federal Tax Return and 2008 W-2s

2009 Estimated Income

Type of Income	From January 1, 2009 to TODAY	From Today thru December 31, 2009	Total for 2009
Father/Stepfather's Wages	\$	\$	\$
Mother/Stepmother's Wages	\$	\$	\$
Student's Wages	\$	\$	\$
Student's Spouses Wages	\$	\$	\$
Unemployment Compensation	\$	\$	\$
Other Untaxed Income: (This includes disability, child support, welfare benefits, social security, etc...) Specify: _____	\$	\$	\$
Other Taxable Income: (This includes alimony, annuities, pension, capital gains, dividends, interest) Specify: _____	\$	\$	\$

Certification

I certify that all information provided for this request is true and complete to the best of my knowledge. I realize that if I do not provide all documentation requested, this request will not be processed. I further understand that if I am found to have intentionally provided false or misleading information or documentation, my appeal will be denied, and my eligibility for financial aid could be affected.

Student's Signature/Date: _____ Parent's Signature/Date: _____

Notification

Student will be notified in writing of the results of this request. Please allow 2-4 weeks for processing and notification.

For Office Use Only: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason: _____			
Financial Aid Administrator/Date: _____			
2009 AGI: \$ _____	2009 Taxes Paid: \$ _____	2009 Untaxed Income: \$ _____	
Date corrected in EDE: _____	Processed by: _____	EFC Results: _____	Date notification sent to student: _____