



24/25 Special Circumstances Request Form

Your 2024-25 financial aid is based on 2022 income reported on the FAFSA. If you and/or your parents experienced a reduction in income or loss of employment that reduced your/their income or limits their ability to contribute toward your educational expenses, you may request that the Financial Aid Office review your circumstances. Complete and return this form to the Financial Aid Office along with documentation to support your request Call Rachel Cavanaugh, Sr. Director of Financial Aid at 910-362-7317 or email at rcavanaugh@cfcc.edu to discuss what documents are needed for your circumstance AND to schedule an appointment.

CFCC ID # _____

Student Name: _____ Phone #: (____) _____ Soc. Security # _____ (Required)
(Print Clearly)

Address: _____
Street Apt City State Zip

Reasons for review of financial aid eligibility: **Check condition and circle the person for whom it applies:**

- You/Your Spouse/Your Parent(s)** were/was employed in 2022 but are/is now unemployed or under employed. **Required Documentation:** Statement on company letterhead from employer which specifies your last date of employment and/or date(s) of reduced hours; signed copy of 2023 federal income tax return with attached W-2 forms; last pay stub; verification of unemployment benefits.
- Your/Your Spouse/Your Parent(s)** earned money in 2022, but have/has been unable to pursue normal income-producing activities during 2023 due to a disability. **Required Documentation:** Physician’s statement; signed copy of 2023 federal income tax return with attached W-2 forms; last pay stub.
- You/Your Spouse/Your Parent(s)** received unemployment compensation or other reported income in 2022 and have/ has had a lessor reduction of these benefits in 2023. **Required Documentation:** Letter of explanation from source of benefit; wage transcript; signed copy of 2023 federal income tax return with attached W-2 forms (if unemployment benefits received).
- You/Your Parents** have become separated or divorced after you submitted your application for Federal Student Financial Aid. **Date of Separation or Divorce:** ____/____/____ **Required Documentation:** Copy of divorce or legal separation documents; if unavailable, obtain a letter from an attorney, minister, or other responsible third party (non-relative) describing situation and date of divorce or separation.
- Your Spouse/Your Parent** whose 2022 income was reported on your application for Federal Student Aid has died since you submitted your application. **Date of Death:** ____/____/____ **Required Documentation:** Death Certificate.
- Dependent Student only:** Your last surviving parent, with whom you had a dependency relationship, has died after you submitted your Federal Student Financial Aid Application. **Date of Death:** ____/____/____ **Required Documentation:** Death Certificate.
- Other:** Please explain briefly and concisely those circumstances to be considered when reviewing your financial aid eligibility. Examples include: high unreimbursed medical expenses, nursing home expenses, etc. **Please submit proof of these circumstances with this form.**



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Student/Spouse/Parent(s) 2023 Income or 2024 Expected Income:
Do not leave any items blank. Report total yearly figures (not monthly).

	<u>Student</u>	<u>Spouse</u>	<u>Parent(s)</u>
2023 or 2024 Expected Income from Work	\$ _____	\$ _____	\$ _____
2023 or 2024 Unemployment benefits	\$ _____	\$ _____	\$ _____
2023 or 2024 Other Taxable Income (e.g. Unemployment benefits, Veterans Non-Education benefits):	\$ _____	\$ _____	\$ _____
2023 or 2024 Other Non-Taxable Income (e.g. child support):	\$ _____	\$ _____	\$ _____
Total 2023 Income <u>OR</u>	\$ _____	\$ _____	\$ _____
Total Expected 2024 Income	\$ _____	\$ _____	\$ _____

Warning -I understand that if I purposely give false or misleading information in connection with my application for Federal Student Aid, I may be subject to a fine of up to \$20,000, sent to prison, or both. I also understand that if the income estimates provided above are substantially different from what is actually earned for that year, I will lose my ability to request any future adjustments in subsequent application years.

 Student Signature

 Date

 Spouse/Parent Signature

 Date

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For Office Use Only

____ Approved Recalculated EFC: ____ ISIR Reprocessed: ____/____/____

Calculated taxes paid: _____
 Data elements and amounts to be adjusted: _____

____ Denied Reason: _____

I hereby use my professional judgment to **adjust/not adjust** this student's expected family contribution.

 Sr. Director of Financial Aid

 Date