

# DSCC Financial Aid Office

## 2018-2019 SPECIAL CIRCUMSTANCES REQUEST

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/P.O. Box City State Zip

E-mail Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_-

Please check the family member(s) that experienced the special circumstance:

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

Complete this form if you/your family's/your parent's financial situation has changed significantly since you filed for financial aid for the 2018-2019 academic year. Information from this form, from your 2018-2019 file and from supporting documentation will be used to determine if your eligibility for financial aid can be recalculated due to special circumstances. You will be notified of a decision within 30 days of receipt of all required documentation.

**ALL REQUESTS MUST BE SUBMITTED WITH A COPY OF YOUR 2017 IRS TAX RETURN TRANSCRIPT(S).**

Please note – if you have a loss of employment or loss of income due to change of employment the loss must be due to your employer. If you decide to resign or change employers yourself – that is your decision to do so and that disqualifies you from filing the Special Circumstances request form.

Extreme Circumstance	Required Documentation
<input type="radio"/> Loss of Employment Date of Change _____ <input type="radio"/> Loss of income due to change of employment Date of Change _____	<input type="radio"/> Proof of unemployment (lay-off notice). <input type="radio"/> Proof of unemployment benefits and amounts. Date benefits begin: ____/____/____ <input type="radio"/> Proof of severance package benefits, if any.
<input type="radio"/> Death of a Parent or Spouse Date _____ <input type="radio"/> Separation/Divorce of Parent or Student Date _____	<input type="radio"/> Death certificate or obituary notice. <input type="radio"/> Life insurance benefits statement, if any. <input type="radio"/> Final divorce decree. <input type="radio"/> Signed statement by attorney with date of separation. <input type="radio"/> Proof of separation (proof of separate residences)
<input type="radio"/> Out-of-Pocket Medical Expenses <b>Note:</b> Medical expenses must be out-of-pocket expenses.	<input type="radio"/> Copies of Explanations of Benefits (EOB). <input type="radio"/> Proof of out-of-pocket payment (check stubs, receipts, etc.) <input type="radio"/> Proof of disability income for disabled person. <input type="radio"/> 2017 Schedule A from 2016 U.S. Tax Transcript.
<input type="radio"/> Loss of Child Support <input type="radio"/> Loss of Employment Benefits <input type="radio"/> Loss of Disability Benefits <input type="radio"/> Other	<input type="radio"/> <u>Proof</u> and <u>amount</u> of court ordered child support. <input type="radio"/> Loss of benefits statement.

In addition to the applicant, all others whose data is included on this form must sign the appropriate line. Failure to provide the appropriate signatures will prevent consideration of this request.

If any of this information changes, I/we accept the responsibility for contacting the Office of Financial Aid in writing with the corrected information.

\_\_\_\_\_  
 Student's Signature Date

\_\_\_\_\_  
 Parent Signature if student is dependent