

2024-2025 Special Circumstances Request

 Student's Name

 Student's I.D.

Complete this form if you or your family's financial situation has changed significantly since you filed for financial aid for the 2024-2025 academic year. Information from this form, from your 2024-2025 tax 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.

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

Father/Stepfather Mother/Stepmother Student Student's Spouse

IMPORTANT:

Please submit the following after you have filed your 2024-2025 FAFSA.

1. A written statement explaining what caused the change(s) in your family's circumstances.
2. A signed copy of your most recent federal tax return (please include Schedules 1-6, Schedules A, C, E, and/or F if filed.)
3. W-2 Forms from the same year as the tax return submitted.
4. Documentation of your change in circumstances(s). See below for a list of required documents for specific circumstances.

Extreme Circumstance	Required Documentation
Loss of Employment Loss of income due to change of employment	<ul style="list-style-type: none"> - Proof of unemployment – layoff notice from employer. - Proof of unemployment benefits and amounts. - Year-to-date pay stubs showing all income earned from work for 2022 (and 2023, if applicable). - Documentation of all untaxed income received in 2022 (and 2023, if applicable). - Proof of severance package benefits, if any.
Death of Spouse	<ul style="list-style-type: none"> - Death certificate or obituary notice. - Life insurance benefits statement, estate distributions, or inheritance, if any.
Separation or Divorce of Student (Requires that you are living in separate households)	<ul style="list-style-type: none"> - Final divorce decree. - Signed statement by an attorney with the date of separation. - Proof of separation (proof of separate residences)

Out-of-Pocket Medical Expenses	<ul style="list-style-type: none"> - Copies of Explanations of Benefits (EOB). - Proof of out-of-pocket payment (check stubs, receipts, etc.).
Loss of Child Support Loss of Employment Benefits Loss of Disability Benefits	<ul style="list-style-type: none"> - Proof and amount of court-ordered child support. - Loss of benefits statement.

I understand that submission/review of this form does not guarantee a change in the student's financial aid eligibility. I affirm that the information provided in my appeal and the attached documentation is accurate and complete to the best of my knowledge. I understand that if any of the information used in my appeal changes, I must contact the Office of Financial Aid immediately in writing with the corrected information. I understand that false statements or misrepresentations may be cause for denial, reduction, withdrawal, or repayment of financial aid.

Student's Signature

Date

Parent's Signature (if student is dependent)

Date

When you have completed this form, please return it along with all requested documents to the financial aid office. You can either mail (1510 Lake Rd., Dyersburg, TN 38024), fax (731-286-3354), or drop off at any of our 3 locations.

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