GTCC
GUILFORD TECHNICAL COMMUNITY COLLEGE

Financial Aid Office P.O. Box 309 Jamestown, NC 27282
Phone: 336.334.4822 Option 3 Fax: 336.217-8468

2023-2024 REQUEST FOR CONSIDERATION OF SPECIAL CIRCUMSTANCES

Your 2023-24 financial aid is based on 2021 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.

Student Name:_____ GTCC ID: _____

Please Check	Change in Circumstance	Required Supporting Information
☐	**Significant change of income due to loss or change of Employment** (which reduces your family's anticipated 2023 total income)	• Expected income section completed on page 2 (required) • Copy of the last/most recent pay stub for the household • Termination /Severance Notice • Copy of unemployment benefits (if applicable)
☐	**One-time/Non-Recurring Income**	• Clarification (e.g., IRA distribution, sale of property, inheritance, Form 1099) • Explanation of how income was used with documentation of expenditures
☐	**Medical Expenses**	• Explanation of special circumstances and estimate of 2023 medical expenses ***not*** reimbursed or paid by insurance • Documentation of outstanding/prior year medical bills ***not*** reimbursed or paid by insurance
☐	**Separation/Divorce/Death**	• **2021** federal tax return with W-2 statements (if not on file with our office) • Copy of separation/divorce document. • Death certificate
☐	**Other** (e.g., natural disaster)	• Description and documentation of the circumstance.

(Continued)

ADDITIONAL INFORMATION

Required: Explain you or your family's circumstances below.

Attach separate document if more space is required.

Name of individual experience the wage loss/unemployment _____

Date when unemployment/reduced income began (if applicable) _____

Do Not Leave The Section Below Blank

2023 Estimated Income	Student	Spouse	Parent(s)
2023 Expected Income from work	$	$	$
2023 Unemployment benefits	$	$	$
2023 Disability income/insurance payout	$	$	$
2023 Veterans non-education benefits	$	$	$
2023 Support from friends/ relatives	$	$	$
2023 Child support received for all children	$	$	$
2023 Other income sources:	$	$	$
Total	$	$	$

STUDENT AND PARENT CERTIFICATION

I certify that the information provided on this form is accurate and complete as of this date. I understand that the request of a financial aid reevaluation is not guaranteed to result in a change to my financial aid eligibility and does not release me from payment of any balance due on my student account.

Student Signature _____ Date: _____

Spouse/Parent Signature _____ Date: _____