

**2020-2021 REQUEST FOR CONSIDERATION OF SPECIAL CIRCUMSTANCES**

Your 2020-21 financial aid is based on 2018 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
<input type="checkbox"/>	<p><b>Loss of Employment</b>            (which reduces your family's anticipated 2020 total income)</p>	<ul style="list-style-type: none"> <li>• <b>2018</b> federal tax return with W-2 statements (if not on file with the Financial Aid Office)</li> <li>• Copy of the last/most recent pay stub</li> <li>• Termination /Severance Notice(if applicable)</li> <li>• Copy of unemployment benefits (if applicable)</li> </ul>
<input type="checkbox"/>	<p><b>Significant Change in Income</b></p>	<ul style="list-style-type: none"> <li>• <b>2018</b> federal tax return with W-2 statements (if not on file with the Financial Aid Office)</li> <li>• Copy of last/most recent pay stub</li> <li>• Letter of explanation from employer (if applicable)</li> </ul>
<input type="checkbox"/>	<p><b>One-time/Non-Recurring Income</b></p>	<ul style="list-style-type: none"> <li>• Clarification (e.g., IRA distribution, sale of property, inheritance, Form 1099)</li> <li>• Explanation of how income was used with documentation of expenditures</li> </ul>
<input type="checkbox"/>	<p><b>Medical Expenses</b>            (exceeding 3.8% of Adjusted Gross Income)</p>	<ul style="list-style-type: none"> <li>• Explanation of special circumstances and estimate of 2020 medical expenses <i>not</i> reimbursed or paid by insurance</li> <li>• Documentation of outstanding/prior year medical bills <i>not</i> reimbursed or paid by insurance</li> </ul>
<input type="checkbox"/>	<p><b>Separation/Divorce/Death</b></p>	<ul style="list-style-type: none"> <li>• <b>2018</b> federal tax return with W-2 statements (if not on file with our office)</li> <li>• Copy of separation/divorce document.</li> <li>• Death certificate</li> </ul>
<input type="checkbox"/>	<p><b>Other</b>            (e.g., natural disaster)</p>	<ul style="list-style-type: none"> <li>• Description and documentation of the circumstance.</li> </ul>

(Continued)

**ADDITIONAL INFORMATION**

Please use the space below to explain any information on this form or expand upon your family's circumstances. 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**

2020 Estimated Income	Student	Spouse	Parent(s)
2020 Expected Income from work	\$	\$	\$
2020 Unemployment benefits	\$	\$	\$
2020 Disability income/insurance payout	\$	\$	\$
2020 Veterans non-education benefits	\$	\$	\$
2020 Support from friends/ relatives	\$	\$	\$
2020 Child support received for all children	\$	\$	\$
2020 Other income sources:	\$	\$	\$
<b>Total</b>	\$	\$	\$

**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: \_\_\_\_\_