

ID # **A**

Name _____
(Last Name) (First Name) (MI)

This form allows you to explain unusual circumstances that you or your family may face in 2016. The information and documentation provided will be reviewed in accordance with guidelines provided by the U.S. Department of Education.

Please read the following information carefully:

- All information and documentation will be reviewed on a case-by-case basis to determine eligibility.
- If it is determined that you are an eligible applicant with special circumstances, any adjustments made to determine eligibility are valid at this institution only. If you were approved for special circumstances at another institution, you must still submit information and documentation required by St. Louis Community College.
- If at any point it is determined that information provided is incomplete or inaccurate, you risk being overfunded and may possibly owe money back to the institution/U.S. Department of Education.

Please complete this form and return it to our office along with the Special Circumstances Worksheet and required documentation. This office will not process an incomplete packet.

LOSS OF EMPLOYMENT

One of the student's parents (or a stepparent) earned money in 2015, but has lost his or her job for at least ten weeks in 2016.
Which parent? _____
Date employment ceased: _____

The student worked full-time (at least 30 weeks in 2015), but is not working full-time now (does not apply to the student's spouse).
Date employment ceased, if applicable: _____

LOSS OF EARNINGS DUE TO DISABILITY OR NATURAL DISASTER

One of the student's parents earned money in 2015, but has not been able to earn money in the usual way for at least ten weeks in 2016. This must have been because of either a disability or a natural disaster that occurred in 2015 or 2016.

The student (or spouse) earned money in 2015, but has not been able to earn money in the usual way for at least ten weeks for 2016. This must have been because of either a disability or a natural disaster that occurred in 2015 or 2016.

LOSS OF UNTAXED INCOME OR BENEFIT

One of the student's parents received unemployment compensation or some untaxed income or benefit in 2015, but has completely lost that income or benefit for at least ten weeks in 2016. The untaxed income or benefit must have been paid by a public or private agency, from a company, or from a person because of a court order.
Type of income lost: _____
Date lost: _____

The student (or spouse) received unemployment compensation or some untaxed income or benefit in 2015, but has completely lost that income or benefit for at least ten weeks in 2016. The untaxed income or benefit must have been paid by a public or private agency, from a company, or from a person because of a court order.
Type of income lost: _____
Date lost: _____

SEPARATION OR DIVORCE

The student has already applied for Federal Student Aid, but his or her parents have separated or divorced since that time.
Date of separation or divorce: _____

The student has already applied for Federal Student Aid, but has separated or divorced since that time.
Date of separation or divorce: _____

DEATH

The student has already applied for Federal Student Aid, but since that time, one of the student's parents has died or the student's last surviving parent has died.

The student has already applied for Federal Student Aid, but has been widowed since that time.

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PLEASE NOTE: Do NOT complete this page if you have checked a category on the reverse side.

If there are circumstances other than those listed on the reverse side that will cause your 2016 income or your parent's to be significantly less than 2015, please complete the section below and submit required documentation.

I certify that all information listed is complete and accurate. I further certify that if any information changes, I will notify the Financial Aid office in writing of the changes.

Student Signature Date Financial Aid Assistant Date

— OFFICE USE ONLY —



Date Rec'd. _____ By _____