LARAMIE COUNTY COMMUNITY COLLEGE

Student Name Last

Student's Signature

Request for Special Circumstances 2013-2014



Student ID

Parent Special Circumstances (for completion by parents of dependent students)

			ĺ	
Daytime Phone Number		Date		
The Higher Education Act (HEA) of 1965, as amended, provid authority for the financial aid administrator to exercise discret in a number of areas. This authority is known as professional judgment (PJ) and allows for the individual treatment of a stud who has special circumstances that are not sufficiently addres by the standardized federal student aid formulas and delivery methods. A family's 2012 income is used to assess financial need for the 2013-2014 school year. If a family's 2013 income lower due to special circumstances, a financial aid administra may be able to use the 2013 income to assess financial need. All applicants must complete the 2013-2014 Free Applicatio for Federal Student Aid (FAFSA) at www.fafsa.gov before	don by the Firmay not in may not in may not in work-study. Seed selected) Circumstante Expenses high more offers, we or other of there may not in may no	nancial Aid Office bas increase a student's dy, student loans, or must be completed ances that may <u>not</u> s such as car paymen tgage payments, ma eddings, vacations, in discretionary costs not by be exceptions, adju	mstances Form. Adjustments made sed on special circumstances may or eligibility for scholarships, grants, parent loans. Verification (if first, before any PJ will be exercised. be considered: hts, consumer/credit card debt, atching other colleges/university nability to liquidate assets, and/may not be considered. Although ustments to financial aid eligibility ect these circumstances.	
Reason for Request	Required Docum	<u>nentation</u>		
Circumstances that may be considered are listed below. Please check the circumstance(s) which best applies to you.	All Appeals: > Signed letter of appeal from parents specifically explaining the situation. Letter of appeal should be specific and address how, when and why their circumstances have changed.			
 Loss of Employment or a Significant Decrease in Income 2012 income is not reflective of current income due to: □ Loss of employment or reduction in wages or hours □ Injury, disability, natural disaster which has resulted in significant decrease in earnings □ Loss of benefits, such as unemployment, child support, etc. □ Significant one-time increase in income was received in 2012 that is not reflective of typical annual income (capital gains, pensions, etc) 	 A complete copy of your 2012 federal tax return (ie.1040, 1040A, or 1040EZ) (Make sure the tax return is SIGNED by the taxpayer) AND copies of ALL 2012 W-2 WAGE STATEMENTS. Other appropriate documentation to support appeal such as: Copy of termination notice from employer or copy of information from employer explaining the reduction in wages or hours available for work. Copy of unemployment benefits. Documentation of one-time increase in income 			
☐ Elementary/Secondary Private School Tuition K-12 ☐ Unusually high debt	 A copy of the private school tuition contract(s) for the 2013-2014 school year, or documentation from the school listing your family's out-of-pocket costs for the 2012-2013 school year. Provide copies of bills and receipts for unusually high debt 			
Medical Expenses Excessive out-of-pocket medical or dental expenses incurred in 2012	provide a cop Provide docu	If the 2012 Federal Income Tax Return was filed with Schedule A, provide a copy of Schedule A. Provide documentation of medical bills paid during tax year 2012 if no Schedule A was filed.		
Other Extenuating Circumstances Other extenuating circumstances that have occurred since the filing of the 2013-14 FAFSA. (e.g. separation/divorce, death of father/ mother).		<u>d letter of appeal from parents</u> specifically explaining the ion. (Supporting documentation may be requested).		
I certify that all information on this form and on the documents submitted to support it are true and correct to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have provided on this form. I realize that this proof may include a copy of my U.S., State or local income tax return. I also realize that if I do not provide proof when asked, I may not receive aid.			y: Approved: Yes No Date	
Parent's Signature Date				

Date