



Financial Aid  
141 College Drive, Albemarle, NC 28001  
**Tel:** (704) 991-0302 **Fax:** (704) 991-0160  
financialaid@stanly.edu

## 2017-2018 SPECIAL CONSIDERATION REQUEST

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

**Student ID #:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

This form is to be used if you and/or your family have experienced unusual circumstances that will negatively impact the household income for the 2017 calendar year and would like to request a review of the circumstances. A review may or may not result in changes to your 2017-2018 financial aid record as a result of a Financial Aid Administrator professional judgment. ***The SCC student must have completed the 2017-2018 Free Application for Federal Student Aid (FAFSA) before the financial aid office can review the request.***

**1. This Special Consideration Request is for the income of:** *Note: If both parent and student (dependent students only) have experienced a change, each must submit their own request form.*

☐ **Student**      ☐ **Parent**

**2. Special Consideration Request is because:**

- ☐ **Reduction or Loss of Income** *(involuntary loss of employment, retirement, job change, bankruptcy, illness, etc.)*
- ☐ **Benefit loss or Income reduction** *(child support, social security, unemployment compensation, alimony, untaxed retirement or disability pension, etc.)*
- ☐ **Death of Parent or Spouse**
- ☐ **Extraordinary Expenses:** *Expenses incurred in the year 2015 (uninsured medical expenses, catastrophic event, etc.)*
- ☐ **Other:**

**3. Required Supporting Documentation:** *Note: Substantial supporting documentation is required before changes can be made to a federal financial aid record and the Financial Aid Office reserves the right to request additional information, as needed.*

- A) Detailed statement explaining the request for special considerations
- B) Depending on what was checked in question #2, the following or more is needed:
  - a. If applicable, all changes to income documentation, i.e. letter from employer indicating last date of employment; statement of unemployment benefits received in 2017; copies of most recent or last 2017 paystub, etc.
  - b. If applicable, copy of death certificate
  - c. If applicable, for extraordinary expenses copies of bills showing balance due after insurance payments

*The Special Considerations Request review process can take several weeks and may not be completed before classes begin; therefore students should be prepared to pay any and all out of pocket educational expenses.*

### SIGNATURES

The information provided on this form is true and complete to the best of my knowledge. I agree to notify the Financial Aid Office at Stanly Community College of any error, omission, or of any further circumstances that may affect the accuracy of the above provided information. I understand that failure to comply with this agreement could result in the forfeiture of financial aid eligibility for the student.

Student Signature

Date

Parent Signature (*if student is dependent*)

Date