



## Special Circumstances 2023-2024

This form is used to request a review of your financial aid eligibility as a result of changes in some circumstances which occurred after you filed your 2023-2024 FAFSA. **If you are requesting an adjustment for lost wages, do not use this form.** You would need to use an Employment Income Adjustment form which is only accepted after 2021 tax returns and W-2's can also be submitted.

All items must be complete and submitted at the same time:

- 1) Please review the "Special Circumstances" in Section I. If you and/or your parents meet one or more of the special circumstances, check the appropriate box(es). Attach documents and/or information as requested in the Documentation column for your circumstance.
- 2) Complete Section II with Personal Statement providing more detail and dates of circumstance.
- 3) Submit a signed 2021 Tax Return and W-2's for review of circumstance **if** you have not already done so.

**Important:** All attachments must be dated, signed, and include the name and CCC ID number of the student.

Please allow a minimum of 2-3 weeks for processing of this request.

Note: Submission of this form does not ensure a change or increase in your award. You will be notified of the results.

### SECTION I

**Check the circumstance which applies and provide the documentation that is requested for each situation.**

SPECIAL CIRCUMSTANCE	PARENT	STUDENT	DOCUMENTATION
<input type="checkbox"/> Loss or reduction of child support or other benefits	A parent who received income or benefits in 2021 had this income/benefit reduced or terminated during 2022 (such as child support, disability, unemployment, etc.)	You (or your spouse) received income or benefits in 2021 but had this income/benefit reduced or terminated during 2022 (such as child support, disability, unemployment, etc.)	In <u>Section II-Personal Statement</u> or on a separate sheet of paper you need to specify: 1-Type of income or benefit; 2- Amount received during 2022; 3- Reasons and date of termination or reduction.
<input type="checkbox"/> Separation or divorce	Parents have separated or divorced <b>after</b> you applied for federal student aid.	You and your spouse have separated or divorced <b>after</b> you applied for federal student aid.	1-Date of separation or divorce: _ / _ / _ 2- Attach copy of legal separation agreement or dissolution decree or letter from a professional or agency documenting legal proceedings have begun relative to the separation or divorce.
<input type="checkbox"/> Death	A parent has died <b>after</b> you applied for federal student aid.	Your spouse has died <b>after</b> you applied for federal student aid.	1-Name of deceased and relationship to student; _____ 2-Attach copy of death certificate, obituary notice or printed memorial program.
Unusual debt or expenses in 2021	A parent incurred unusually high debt or expense during <u>2021</u> due to a circumstance such as significant medical/dental out of pocket expenses not covered by insurance, or elementary/secondary school tuition that has created financial hardship.	Student/spouse incurred unusually high debt or expense during <u>2021</u> due to a circumstance such as significant medical/dental out of pocket expenses not covered by insurance, or elementary/secondary school tuition that has created financial hardship.	In <u>Section II-Personal Statement</u> or on separate sheet of paper you need to specify: 1-Description of debt or expense; 2- Total amount of debt or expense; 3-Explanation of hardship. <b>Important:</b> Documents supporting this expense or debt <b>must</b> accompany this form.

### SECTION II

The special circumstance on this form belongs to (please check one):

**Parent Special Circumstances** -Parent provide personal statement below.

**Student Special Circumstances**-Student provide personal statement below.

**Personal Statement:** The person checked above (parent or student) must be the one to provide a personal statement below detailing their circumstance and listing date it occurred. Read Section I Documentation column for your specific circumstance to be sure you include any required details below.

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**Certification Statement**

All of the information provided by me, or any other person, is true and complete to the best of my knowledge. If requested, I agree to provide further documentation for any information I have submitted to clarify my situation. I understand that purposely giving false or misleading information may subject me to fines, penalties, and/or termination of financial aid.

\_\_\_\_\_

Student name (printed)

\_\_\_\_\_

CCC ID number

\*

\_\_\_\_\_

Student signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent signature (if dependent)

\_\_\_\_\_

Date

\*This must be the signature of the parent who provided Personal Statement above.

\_\_\_\_\_

Student phone number

**Submit this form along with all the requested documentation to:  
Clatsop Community College, Columbia Hall / Financial Aid**

1651 Lexington Ave., Astoria, OR 97103 / 503.338-2322 / [finaid@Clatsopcc.edu](mailto:finaid@Clatsopcc.edu) / [www.clatsopcc.edu](http://www.clatsopcc.edu)

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For office use only: Approved  Denied  Initials \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

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Accommodations: Students having questions about or a request for classroom accommodations should contact Faith Forster, Columbia Hall, Room 111, fforster@clatsopcc.edu (503) 338-2313. Community members having questions about or a request for special needs and accommodation should contact Greg Dorcheus, Lower Library, Suite 103, gdorcheus2@clatsopcc.edu (503) 338-2406; TDD: Oregon Relay- Dial 711. Please send special needs and accommodations requests here. Contact should be made at least two business days in advance of the event.

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Ayuda a personas discapacitadas: Estudiantes que tengan preguntas o una requieran solicitud de adaptaciones en el aula deben comunicarse con Faith Forster, localizada en Columbia Hall , oficina número 111, fforster@clatsopcc.edu (503) 338-2313. En cuanto a los miembros de la comunidad, se les pide que se comuniquen con Greg Dorcheus, localizada en la biblioteca, oficina número 103 , gdorcheus2@clatsopcc.edu número de teléfono (503) 338-2406, TDD (discapacidad auditiva) marcar 711 en su teléfono. Haga el favor de notificar a la oficina para que se le pueda proporcionar apoyo. La comunicación debe tomar lugar por lo menos dos días