



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

## 2024-2025 SPECIAL CIRCUMSTANCES 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 have negatively impacted the household income and would like to request a review of the circumstances. A review may or may not result in changes to your 2024-2025 financial aid record as a result of a Financial Aid Administrator professional judgment. ***The SCC student must have completed the 2024-2025 Free Application for Federal Student Aid (FAFSA) before the financial aid office can review the request.***

**1. This Special Circumstances 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 Circumstances Request is because:**

- Reduction or Loss of Income** *(involuntary loss of employment, retirement, job change, bankruptcy, illness, etc.)*
- Benefit loss or Income reduction**
- Death of Parent or Spouse**
- Extraordinary Expenses:** *Expenses incurred in the year 2024 (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 circumstances
- 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 2024; copies of most recent or last 2024 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 Circumstances 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