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

2023-2024 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 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 2023-2024 financial aid record as a result of a Financial Aid Administrator professional judgment. ***The SCC student must have completed the 2023-2024 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**
   ☐ **Death of Parent or Spouse**
   ☐ **Extraordinary Expenses:** *Expenses incurred in the year 2020 (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 2023; copies of most recent or last 2023 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