

Student Signature

Date

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

2025-2026 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 2025-2026 financial aid record as a result of a Financial Aid Administrator professional judgment. The SCC student must have completed the 2025-2026 Free Application for Federal Student Aid (FAFSA) before the financial aid office can review the request. | |
| 1. This Special Circumstances Request is for the (dependent students only) have experienced a change | |
| _ Student | 1 arent |
| 2. Special Circumstances Request is because: | |
| □ Benefit loss or Income reduction□ Death of Parent or Spouse | s of employment, retirement, job change, bankruptcy, illness, etc.) the year 2025 (uninsured medical expenses, catastrophic event, etc.) |
| | |
| 3. Required Supporting Documentation: Note: Some before changes can be made to a federal financial of the right to request additional information, as needed. | aid record and the Financial Aid Office reserves |
| date of employment; statement of uner recent or last 2025 paystub, etc. b. If applicable, copy of death certificate | 2, the following or more is needed: ocumentation, i.e. letter from employer indicating last mployment benefits received in 2025; copies of most |
| The Special Circumstances Request review process can take sev begin; therefore students should be prepared to pay any and all | |
| SIGNATURES | |
| The information provided on this form is true and complete to the Aid Office at Stanly Community College of any error, omission accuracy of the above provided information. I understand that forfeiture of financial aid eligibility for the student. | , or of any further circumstances that may affect the |

Parent Signature (if student is dependent)

Date