2014-2015 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 2014 calendar year and would like to request a review of the circumstances. A review may or may not result in changes to your 2014-2015 financial aid record as a result of a Financial Aid Administrator professional judgment.

The SCC student must have completed the 2014-2015 Free Application for Federal Student Aid (FAFSA) before the financial aid office can review the request.

Return completed form to: SCC Financial Aid Office, 141 College Drive, Albemarle, NC  28001

Note: If both parent and student (dependent students only) have experienced a change, each must submit their own request form.

1. This Special Consideration Request is for the income of:  □  Student  □  Parent

2. Special Consideration Request is because:

   □  Reduction or Loss of Income  (i.e. involuntary loss of employment, retirement, job change, bankruptcy, illness, etc.)

   □  Benefit loss or Income reduction  (i.e. 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 2013 (uninsured medical expenses, catastrophic event, etc.)

   □  Other:

_______________________________________________________________________  
_______________________________________________________________________

3. Required Supporting Documentation:

   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 2014; copies of most recent or last 2014 paystub, etc.

      b. If applicable, copy of death certificate

      c. If applicable, for extraordinary expenses copies of bills showing balance due after insurance payments
Please note that 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.

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