

Student Financial Aid (SFA)
2007-2008 Request for Review of
SPECIAL CIRCUMSTANCES



| | |
|--|------------------|
| Student Name _____ <small>(Last, First, MI - please print)</small> | SS# _____ |
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****Note:** We can only process this request *if* you have completed the FAFSA and have the results sent to GCC. You may use this form if your (or your family's) financial situation has changed continuously for more than eight weeks, since filing the 2007-2008 Free Application for Federal Student Aid (FAFSA). Changes from this review do not guarantee an increase in aid. You must complete all questions on this form and provide all requested documentation. If required documentation is not attached, items are missing or left blank, or if the circumstances are not well explained, this form will not be processed until all items are received. A Financial Aid Committee will review this information. Written notification of the Committee's decision will be mailed to you within 10-15 Business days. All Committee decisions are final.

SECTION A: REASON FOR LOSS OF INCOME
Check all boxes that apply, include effective dates, and attach appropriate documents.

| Check Boxes: | Effective Date: | Reason for Income Reduction: | Documentation Required: |
|--------------------------|-----------------|---|--|
| <input type="checkbox"/> | _/_/___ | Reduction of employment income: <small>(Must be continuous for 8+ weeks)</small> | <ul style="list-style-type: none"> Detailed letter of explanation concerning your loss of income, to include: a) current employer's name, address and phone number, b) the date income was reduced, c) letter of termination of employment, d) whether or not you are entitled to unemployment and/or severance pay, and e) explain how expenses are being met for 2007. Signed copies of 2006 Income Tax forms, W-2s and Schedules. Include 2007 Income Tax forms, W-2s and Schedules, if filing this review <i>after November 30, 2007</i>. Attach most recent pay stubs for all 2007 employment. Attach documentation of untaxed income or benefits. Requires completion of Section B. |
| <input type="checkbox"/> | _/_/___ | Loss of untaxed income or benefits: <small>(Must be continuous for 8+ weeks)</small> | |
| <input type="checkbox"/> | _/_/___ | One-time income: <small>(i.e., inheritance, moving expense allowance, back year Social Security payments, or IRA or pension distribution)</small> | |
| <input type="checkbox"/> | _/_/___ | Separation or Divorce: <small>(Must be continuous for 8+ weeks)</small> | <ul style="list-style-type: none"> Copy of divorce decree or separation agreement. If you do not have a separation agreement, attach a notarized statement including separation and effective dates. Signed copies of 2006 Income Tax forms, W-2s and Schedules. Include 2007 Income Tax forms, W-2s and Schedules, if filing this review <i>after November 30, 2007</i>. Income/Asset settlements. Explain how expenses are being met for 2007, along with a list of current household members, their relationship to you, and their age. Requires completion of Section B. |
| <input type="checkbox"/> | _/_/___ | Death of spouse/parent: | |
| <input type="checkbox"/> | _/_/___ | 2006 medical/dental expenses not paid by insurance: <small>Medical costs may be allowed if required for treatment, rather than elective care and documented by a physician.</small> | <ul style="list-style-type: none"> Attach a detailed letter of explanation, physician's statement, and Schedule A—itemized deductions. Signed copies of 2006 Income Tax forms, W-2s and Schedules. Include 2007 Income Tax forms, W-2s and Schedules, if filing this review <i>after November 30, 2007</i>. Attach photocopies of proof of payment for bills incurred for all medical, dental and/or optical expenses paid (not reimbursed) in 2006. Do not include premium payments. Provide documentation that states monthly payments, duration of payments, and whether or not you are qualified for reductions or forgiveness for any costs, or if covered by insurance. |
| <input type="checkbox"/> | _/_/___ | 2006 elementary, junior high, and high school tuition paid: <small>(don't include tuition paid for the applicant)</small> | <ul style="list-style-type: none"> Submit from institution copy of paid receipt. Name of School(s): _____ Name and Age of Child: a. _____ b. _____ c. _____ |
| <input type="checkbox"/> | _/_/___ | Parent(s) attending college at least half time between July 1, 2007 and June 30, 2008 in a program that leads to a college degree or certificate | <ul style="list-style-type: none"> Submit from institution copy of class schedule & paid receipt, along with major declared, documentation as to need for program, and if costs will be reimbursed: Name of Parent: _____ Name of School(s): _____ Number of Credits: _____ Degree Program: _____ |

SECTION B: Anticipated Total Income for Calendar year 2007

If you filed for federal financial aid as an Independent student, do not complete the parental information.

Do not leave any sections blank; write "0" if income type does not apply. If you are married or remarried, you must report your income and the income of your current spouse. If your parents are married, you would report both your parents' income. If your parent has remarried, you would report *both* your parent and the stepparent's income, not the income of the natural father and/or mother. Whom the student lived with last and/or who provides and/or provided more than 51% of the care and support for the student determine eligibility for financial aid. This normally means the parent with whom the student lived last.

| Report expected amounts for the entire year (Jan 2007 – Dec 2007) | | | | | |
|--|--|---|---|---|---|
| Income Type | | Student | Spouse | Father | Mother |
| TAXED INCOME | Anticipated Total Gross Income From Work: | | | | |
| | Actual Jan. thru today | \$ | \$ | \$ | \$ |
| | Estimated today thru Dec. | \$ | \$ | \$ | \$ |
| | TOTAL | | | | |
| | Pay period: | [] week [] bi-week [] month [] bi-month | [] week [] bi-week [] month [] bi-month | [] week [] bi-week [] month [] bi-month | [] week [] bi-week [] month [] bi-month |
| Business/farm income | \$ | \$ | \$ | \$ | |
| Unemployment Benefits and/or severance pay | \$ | \$ | \$ | \$ | |
| Alimony | \$ | \$ | \$ | \$ | |
| Interest and Dividends | \$ | \$ | \$ | \$ | |
| Net amount received from withdrawal from pensions or annuities (Exclude rollovers) | \$ | \$ | \$ | \$ | |
| A UNTAXED INCOME | Earned Income credit | \$ | \$ | \$ | \$ |
| | Additional child tax credit | \$ | \$ | \$ | \$ |
| | Social Security Benefits received that will not be taxed | \$ | \$ | \$ | \$ |
| | Welfare Benefits, including Temporary Assistance for Needy Families (TANF) | \$ | \$ | \$ | \$ |
| B UNTAXED INCOME | Payments to tax-deferred pension and savings plans untaxed portions of pensions and IRA distributions (Exclude rollovers) | \$ | \$ | \$ | \$ |
| | Child support received for all children (do not include foster care or adoption payments) | \$ | \$ | \$ | \$ |
| | Cash received, or money paid on your behalf, not already reported above | \$ | \$ | \$ | \$ |
| | Any other anticipated untaxed income or benefits not already reported above, such as worker's compensation, disability, etc. | \$ | \$ | \$ | \$ |
| C EXC | Anticipated taxable need-based work-study earnings in 2007 | \$ | \$ | \$ | \$ |
| | Child Support PAID (or will PAY) in 2007 because of divorce or separation: Do not include support for children in your household. | \$ | \$ | \$ | \$ |
| | Name/s of children which support was paid: Full Name Age Relationship SS # _____ _____ | | | | |

Certification Statements

I/We certify that the submitted information is true and correct to the best of my knowledge and belief. I/We have read each section and have provided the required documentation. I/We understand that underestimating projected income could result in reduced eligibility and/or repayment of aid and/or denial of future reviews/appeals, in this and/or future years. You may be requested to submit additional proof to verify the information provided. I/We understand that if I/We do not provide this information, this request for review of special circumstances will not be processed. (Parent signature required only if the special circumstances pertain to the parent's situation.)

Student Signature Date

Mother Signature Date

Spouse Signature Date

Father Signature Date

FOR OFFICE USE ONLY

Approved Denied Committee Review FA Rep: _____ Date: _____

COMMENTS

REVISED/NO CHANGE
EST AGI: _____
EST UNTAXED INCOME: _____
EST TAX PAID (% OR CALC): _____
REVISED EFC: _____
NOTIFICATION TO STUDENT: _____