

## 2022-2023 SPECIAL CIRCUMSTANCES REQUEST FORM

FIRST NAME	LAST NAME	STUDENT ID		
INSTRUCTIONS:				
According to federal laws and reg for the 2022-2023 school year. It special circumstances, a financial use the 2021 or 2022 estimated school to another must understate one school to another. The federal regulation, cannot accept another will be approved. Please provide this form and providing the requestincome with income received durindicate family member that experiences.	However, if a family's expected 20 aid administrator, under profess income to assess financial need. So and that professional judgment de al system will use the original "bater school's decision. Making a requinformation regarding your reducested documentation. We can onlying 2021 or 2022.	221 income is lower, due to ional judgment, may be able to students who transfer from one cisions DO NOT transfer from se year" data and our office, by uest does not ensure the request ction in income by completing ly substitute the 2020-year		
☐ Father/Step- ☐ father		ident/Self		
All applicants <b>MUST</b> include the required documents are provided		nt will not be considered until all		
<ol> <li>A completed and signed Special Circumstances Request Form</li> <li>Write a detailed letter explaining how your family's financial circumstances have changed, meeting one of the specified criteria listed below, sign, and date letter.</li> <li>Attach W-2's for 2020 &amp; 2021, including yours/your spouse's and/ or parent's.</li> <li>Attach signed Federal Tax Return and all filed Schedules (1-3) for 2020 &amp; 2021, including yours/ your spouse's and/or parent's.</li> <li>Attach all completed 2022-2023 Verification (Independent or Dependent) Worksheet.</li> </ol>				
You <b>MUST</b> present your completed special circumstance form and all required documentation to the Financial Aid Office. Financial Aid Director responds to all requests in writing within 10 school days from the receipt of your request. All documentation must be received for special circumstance request to be reviewed or considered.				
Please indicate the reason for you change in income. Place an X new documentation.				
	k. Provide proper documentation om employer stating effective da			

It is the policy of Galveston College to provide equal opportunities without regard to age, race color, religion, national origin, gender, disability, genetic information, or veteran status.



	Termination. Provide a letter from employer stating effective date. If this is not available,				
	provide documentation from your local unemployment office.  Disability. Date of disability (m/d/yr) Attach documentation of the disability.				
	Loss of taxable income. Provide proper documentation.  Alimony. Provide court document(s) stating termination date of benefit.  Unemployment. Provide a letter from the unemployment office stating termination date of benefit.  Loss of untaxed income. Provide proper documentation.  Child Support. Provide a Letter or court document stating termination date of benefits.  Worker's Compensation. Provide a letter from Bureau of Worker's Compensation stating				
	termination date of benefits				
	Special Circumstances: Place an X next to each item that apply and attach the required entation.				
Decrea	ase to the Adjusted Gross Income:				
	Medical or dental expenses you, your spouse or your parents have PAID for the 2020 or 2021 calendar year that are not covered by insurance and these expenses exceeds 11% of your total income. Provide a copy of Schedule A of 2020 or 2021 Federal tax return(s) or copies of canceled checks for 2020 or 2021 and confirmation of total amount paid by insurance in 2020 or 2021.  Nursing home expenses for household family members paid out of pocket and NOT covered by health insurance or reimbursed by a third party. Provide documentation of expenses PAID for 2020 or 2021.				
	Conversion of a regular IRA into a Roth IRA for the 2020 or 2021 tax year. Provide proper documentation.				
Chang	es to the Number in College:				
	Parents can be included in the number in college if they are enrolled at least half-time (6 hours) in a degree, certificate, or other program leading to a recognized educational credential at an institution with a program participation agreement under section 487, 34 CFR 668.14. They must be enrolled during the 2022-2023 academic year. Provide a Verification of Enrollment from the Registrar's or Admission's Office of the institute your parent(s) attend				



Separation/Divorce or Death:

(Only complete this section if this occurred since completing the 2022-2023 FAFSA or you and your spouse or your parents filed a joint tax return.)

Separation from Spouse or Separation of Parents. Date of Separation:	
Physical Address of each person involved in the separation:	
A. Person #1-Name and Address:	
B. Person #2-Name and Address:	
Attach any legal documents/letters relating to the separation.	
Divorce-Attach final divorce decree.	
Death of a parent or spouse. Attach a copy of the death certificate or obituary.	

## 2021 YEAR-TO-DATE INCOME CALCULATION

Please list your/your spouse's and/or parent's, if applicable, year-to-date income received from January 1, 2021 through December 31, 2021. (Attach your/your spouses and/or parent's 2021 Federal Tax Return Transcript and 2021 Wage and Income Transcript.)

	Parent's		Student and/o	r Spouse
Year:	2021	2022 (Estimated)	2021	2022 (Estimated)
Earnings from work (Salary, Wages and Tips):	\$	\$	\$	\$
Unemployment Benefits:	\$	\$	\$	\$
Worker's Compensation:	\$	\$	\$	\$
IRA/Pension Distributions:	\$	\$	\$	\$
Welfare Benefits (TANF but not food stamps):	\$	\$	\$	\$
Child Support Received:	\$	\$	\$	\$
Alimony:	\$	\$	\$	\$
Other Taxed Income (Dividend Interest, Business Income, etc.):	\$	\$	\$	\$
Other Untaxed Income (Veterans Non- education Benefits, Death Pensions, Money received from friends/family, etc.):	\$	\$	\$	\$
Total Income:	\$	\$	\$	\$



Report all income you have actually received from January 1, 2021 through December 31, 2021.

YOU MUST ATTACH DOCUMENTATION OF ALL INCOME. Failure to provide documentation to validate the change in your household financial situation will result in the denial of the special circumstance request.

My signature below certifies that the information provided above is true. I agree to provide proof of the information if requested. I understand that the penalty for providing false or misleading information is a \$20,000 fine, a prison sentence, or both. I understand that this information is for the 2022-2023 academic year.

I also understand the financial aid administrator will make a decision based upon the documentation provided and that the decision is final and cannot be appealed to any agency, including the U. S. Department of Education.

Parent's Signature (dependent)			Date		
Student Signature (independent)			Date		
		For Office Use Only			
	Accepted per professional judgement based on submitted documentation				
	Denied per professional judgment based on submitted documentation				
Comments					
Student	2021/2022 AGI	2021/2022 Taxes Paid	d 2021/2022 Untaxed Income		
Parent(s)	2021/2022 AGI	2021/2022 Taxes Paid	d 2021/2022 Untaxed Income		
ISIR Trans #	Old EFC	New EFC			
Signature of Fin	ancial Aid Professiona	l Date	•		