

2024-2025 REQUEST FOR CONSIDERATION OF SPECIAL CIRCUMSTANCES

Your 2024-25 financial aid is based on 2022 income reported on the FAFSA. If you and/or your parents experienced a reduction in income or loss of employment that reduced your/their income or limits their ability to contribute toward your educational expenses, you may request that the Financial Aid Office review your circumstances. Complete and return this form to the Financial Aid Office along with documentation to support your request.

Student Name: _____ GTCC ID: _____

Please Check	Change in Circumstance	Required Supporting Information
<input type="checkbox"/>	<p>Significant change of income due to loss or change of Employment (which reduces your family's anticipated 2024 total income)</p>	<ul style="list-style-type: none"> • Expected income section completed on page 2 (required) • Copy of the last/most recent pay stubs for the household • Termination /Severance Notice • Copy of unemployment benefits (if applicable)
<input type="checkbox"/>	<p>One-time/Non-Recurring Income</p>	<ul style="list-style-type: none"> • Clarification (e.g., IRA distribution, sale of property, inheritance, Form 1099) • Explanation of how income was used with documentation of expenditures
<input type="checkbox"/>	<p>Medical Expenses</p>	<ul style="list-style-type: none"> • Explanation of special circumstances and estimate of 2024 medical expenses <i>not</i> reimbursed or paid by insurance • Documentation of outstanding/prior year medical bills <i>not</i> reimbursed or paid by insurance
<input type="checkbox"/>	<p>Separation/Divorce/Death</p>	<ul style="list-style-type: none"> • 2022 federal tax return with W-2 statements (if not on file with our office) • Copy of separation/divorce document. • Death certificate
<input type="checkbox"/>	<p>Other (e.g., natural disaster)</p>	<ul style="list-style-type: none"> • Description and documentation of the circumstance.

(Continued)

ADDITIONAL INFORMATION

Required: Explain you or your family’s circumstances below.
 Attach separate document if more space is required.

Name of individual experiencing the wage loss/unemployment _____

Date when unemployment/reduced income began (if applicable) _____

Do Not Leave The Section Below Blank

2024 Estimated Income	Student	Spouse	Parent(s)
2024 Expected Income from work	\$	\$	\$
2024 Unemployment benefits	\$	\$	\$
2024 Disability income/insurance payout	\$	\$	\$
2024 Veterans non-education benefits	\$	\$	\$
2024 Support from friends/ relatives	\$	\$	\$
2024 Child support received for all children	\$	\$	\$
2024 Other income sources:	\$	\$	\$
Total	\$	\$	\$

STUDENT AND PARENT CERTIFICATION

I certify that the information provided on this form is accurate and complete as of this date. I understand that the request of a financial aid reevaluation is not guaranteed to result in a change to my financial aid eligibility and does not release me from payment of any balance due on my student account.

Student Signature _____ Date: _____

Spouse/Parent Signature _____ Date: _____