



For Office Use Only

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_

Reason: \_\_\_\_\_

Date: \_\_\_\_\_

**Section 1: Student Information**

To be completed by student: (Please print.)

Student Name (Last Name, First Name, M.I.)		A#	Date of Birth	
Street Address		City	State	Zip
Email		Home Phone Number	Cell Phone Number	

The U.S. Department of Education grants the financial aid administrator the ability to consider special circumstances when determining eligibility for financial aid. The Director of Financial Aid will consider situations, such as loss of employment, an accident causing a drastic reduction in income, or catastrophic illness. Students must submit a complete financial file along with the following documents to be considered for special circumstances. The Director of Financial Aid will process this request in a timely manner. The request should be received by the published deadline each semester (listed below) to enter funds properly on the student's account prior to the school's published removal of schedules for non-payment. Requests submitted after the deadline date will be processed as time permits. Students should submit ALL information that applies to their situation. All documents for the financial situation of the household are required to get an accurate picture to make an adjustment. By submitting these documents, the Financial Aid Office will estimate the student's financial situation for the current year as opposed to the prior year. Submission of these documents does not automatically qualify the student for aid. **It is the student's responsibility to provide all the documents required to make an income adjustment.**

Deadline Dates					
Fall 2021	August 6, 2021	Spring 2022	December 10, 2021	Summer 2022	May 6, 2022

**Section 2: Description of Financial Situation**

Please complete the following information to better describe your financial situation. Do not leave questions blank or skip questions. **Students may not request an income reduction simply because 2020's income was less than 2019's.** The student must have a mitigating circumstance that caused the difference.

**A. Loss of income from work for at least twelve consecutive weeks**

What was the last date of work? \_\_\_\_\_

How many weeks have you been unemployed to date? \_\_\_\_\_

Did you receive unemployment compensation? \_\_\_\_\_

(If so, then you must provide a copy of your unemployment information.)

Did you experience loss of employment or a layoff? \_\_\_\_\_

(If so, then you must provide documentation for the last payment date and termination date.)

Did you undergo a change in employment with a lesser paying job(s)?

- \_\_\_\_\_ **B. Loss of untaxed income for at least twelve consecutive weeks**  
 Social security loss: \_\_\_\_\_ (Attach documentation.)  
 Child support loss: \_\_\_\_\_ (Attach court documentation stating terminated benefits.)
- \_\_\_\_\_ **C. Divorce or separation (You must provide documentation of the pending divorce or separation.)**  
 Documentation is needed to verify income.
- \_\_\_\_\_ **D. Death of a parent(s) (You must provide the death certificate.)** Also, documentation is required that the deceased person is your parent.
- \_\_\_\_\_ **E. Catastrophic medical condition** (You must provide copies of canceled checks for out-of-pocket expenses paid for medical bills for catastrophic illness. You may also use a summary from the pharmacy on cash paid for medicine related to catastrophic illness. We can adjust only what was actually PAID by the student/parent/spouse for out-of-pocket expense—not insurance payments.)
- \_\_\_\_\_ **F. Natural disaster (fire or tornado loss)** (You must provide copies of canceled checks for out-of-pocket expenses paid replacing items that were not covered by insurance. You may also use a summary from a pharmacy on cash paid for medical treatment related to the natural disaster. We can only adjust what was actually PAID by the student/parent/spouse for out of pocket expense—not insurance payments.)
- \_\_\_\_\_ **G. Other unusual circumstance for special consideration** (If you do not meet the conditions noted above for re-evaluation of your financial aid eligibility, please explain in detail and fully document the unusual circumstances that you have experienced. Significant changes in financial status must be documented.)

**ALL STUDENTS: This information must be provided for ALL members of the household—not just the person who had the change. Dependent students must report both parents if parents are still married to each other.**

**Section 3: Actual and Estimated Income Sheet** - Put a zero in any spaces that do not pertain to your situation.

<u>Income Item</u>	<u>2019 Information</u>	<u>12-Month Period of Information</u>
Father/Stepfather		
Mother/Stepmother		
Student		
Spouse		
Other Taxable Income (interest, pensions, or unemployment)		
Other Untaxed income (child support, social security, or welfare)		

**Section 4: Required Personal Statement** - Include all relevant information. Your written explanation should be as detailed as possible. Attach additional pages if needed.

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**CERTIFICATION STATEMENT - (Please read carefully before signing.)**

All relevant or requested information and/or documentation must be attached to your request. **Incomplete requests will not be reviewed.**

By signing below, I affirm that all information contained in or attached to this request for a re-evaluation of my financial aid eligibility, including any attached personal statements and/or documentation, is true and correct to the best of my knowledge. I affirm that I have not knowingly or intentionally provided any false statements or fraudulent documentation. I understand that if I am found to have given false or fraudulent statements and/or documentation, this request will be denied, and any eligibility for federal and state student aid may be suspended or canceled.

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Student Signature	Date	Parent or Spouse Signature	Date
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**A complete packet consists of the following:**

- \_\_\_\_\_ Completion of Sections 1-4
- \_\_\_\_\_ Completed verification forms
- \_\_\_\_\_ Copies of tax transcript and/or W2s (if applicable)
- \_\_\_\_\_ Personal statement noting extenuating circumstances
- \_\_\_\_\_ Additional documentation supporting your request
- \_\_\_\_\_ Signed certification statement

**IMPORTANT:** Once we receive your completed documentation, please allow ten (10) business days for verification/corrections to be processed and indicated on your myShelton account.

**Do not mail this worksheet to the U.S. Department of Education.  
This form and other required documents should be mailed or delivered to the address listed below.**

**SSCC Enrollment Services Office  
9500 Old Greensboro Road  
Tuscaloosa, Alabama 35405**

The Free Application for Federal Student Aid (FAFSA) is the only form a student is required to complete to be considered for student assistance from any of the Title IV/Higher Education Acts (HEA) programs. No additional application or other request for information can be required by an institution in support of the student's request for Title IV/HEA program assistance, except for information needed to ensure the student's eligibility for such assistance (e.g., information needed to complete verification or to demonstrate compliance with the student eligibility provisions of the HEA and the regulations).

Each institution will make reasonable accommodations for qualified disabled applicants or employees.

It is the policy of the Alabama Community College System Board of Trustees and Shelton State Community College, a postsecondary institution under its control, that no person shall, on the grounds of race, color, national origin, religion, marital status, disability, gender, age, or any other protected class as defined by federal and state law, be excluded from participation, denied benefits, or subjected to discrimination under any program, activity, or employment.