



2020 – 2021: Special Consideration(s) Request Form

FOR OFFICE USE ONLY

STAMP HERE

CAMPUS: _____ INITIAL: _____

C D E OM

Financial Aid Office
SPCONS

Student Name _____

CCBC ID _____

Please select the reason(s) for your special consideration(s) request. Please provide all requested documentation for each situation and a personal letter of explanation detailing the reason for request.

✓	Reason/Circumstance	📎 Documentation Required 📎
	➤ Decrease (of at least 20%) in student/spouse/parent income from employment in 2019 or 2020.	<ul style="list-style-type: none"> • Statement documenting retirement benefits for 2019 • Dated letter from employer documenting status (full time/part time or unemployed) or termination letter, if applicable • Unemployment compensation information • Current or last pay stub(s) for student and student's spouse/parent(s). If after January 1, 2020, please submit copies of all W-2s for 2019 or a 2019 Wage and Income Transcript obtained from the IRS • Signed and dated copies of 2019 federal tax return (1040) filed with IRS (including all schedules) • Copies of any severance compensation • If income has decreased after January 1, 2020, please provide: <ol style="list-style-type: none"> a. three most recent pay stubs from new employer, verification of final date of employment from previous employer (or termination letter) along with final pay stub received b. Final pay stub from previous employer along with termination letter if parent, student or spouse has not yet found new employment
	➤ Change in marital status (divorce, separation, etc.)	<ul style="list-style-type: none"> • Copy of divorce or separation agreement OR proof of separate living arrangements (2 bills in each name at different addresses, i.e. BGE, rental agreement, cell phone, etc.) • Copy of Marriage Certificate • Copies of all 2019 W-2(s) or both 2019 Wage and Income Transcripts obtained from the IRS
	➤ Death of a spouse/parent	<ul style="list-style-type: none"> • Copy of the death certificate • Copies of parents' 2018 W-2(s)
	➤ Disability of student or spouse/parent(s)	<ul style="list-style-type: none"> • Doctor's statement detailing length and type of disability • Disability income information if available
	➤ Unusual medical expenses	<ul style="list-style-type: none"> • Copies of all medical expenses paid out-of-pocket (not covered by insurance) on 2018 federal tax return
	➤ One-time income (Inheritance, moving expense allowance, back-year SS payments, or IRA/pension distribution)	<ul style="list-style-type: none"> • Statement from source (on official letterhead) this is a one-time payment or other documentation describing reasons for hardship withdrawal • Dated letter of termination (if applicable)
	➤ Loss of child support	<ul style="list-style-type: none"> • Dated letter of termination of benefit(s) on letterhead
	➤ Other special circumstances not indicated above.	<ul style="list-style-type: none"> • Provide appropriate documentation





STUDENT NAME: _____ CCBC ID: _____

Please provide a written explanation detailing the reason for your request:

Student's Signature

Date

Parent's Signature (**Dependent students ONLY**)

Date

Warning: Each person signing this worksheet certifies all the information reported is complete and accurate. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Please NOTE: This form may require a request for additional information, please check your **SIMON** account for updates. If all required documentation is not received within 60 days, the special consideration request will be cancelled. Please allow at 2-3 weeks after ALL documents are submitted for review.