



Federal Student Aid Regulations provide the potential for re-evaluation if your financial circumstances change. The 2006 income information that you reported on your financial aid application may not be an accurate indicator of your ability to pay for educational costs. You (or your spouse) must meet one of the circumstances indicated below to qualify for re-evaluation of your financial aid eligibility.

Once you have completed all steps below, call the financial aid office to make an appointment with the director. Bring this form along with the **required supporting documentation** to the appointment. Submission of this form does not guarantee a change in your financial aid eligibility. Each case will be evaluated on an individual basis. **Note: Only one Special Circumstance Form will be accepted for an academic year.**

**Step 1 – Student Information**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First M.I.

Permanent Address \_\_\_\_\_  
Street (include apartment number) City State Zip Code

Student ID# \_\_\_\_\_ Phone ( Area Code ) \_\_\_\_\_

**Step 2 – Reason for Filing a Special Circumstance Form**

Check (✓) the circumstance that applies to your situation. Required documentation to support your circumstance **must be attached**.

- A. You (or your spouse) earned money in 2006, but have lost a full-time job for at least ten (10) weeks and are still unemployed.

**Required Documentation:**

- Statement from **all** previous employer(s) you (or your spouse) worked for in 2006 and/or 2007 on company letterhead indicating:
  - Date you (or your spouse) ceased employment;
  - Total earnings for the **entire** year of 2006;
  - Wages for 2007 (if employment ceased in 2007); and
- A current statement of unemployment benefits received.

- B. You (or your spouse) earned money in 2006, but have changed employment and are currently earning substantially less money in 2007.

**Required Documentation:**

- Statement on company letterhead from **all** employers you (or your spouse) worked for in 2006 and/or 2007 indicating:
  - Dates of employment
  - Your (or your spouse's) estimated earnings for 2007.

- C. You (or your spouse) received unemployment compensation, or some other taxed or untaxed income or benefit for at least ten (10) weeks in 2006, but have completely lost that income or benefit.

**Required Documentation:**

- Statement of termination from the source of income. *Include* dates you received the benefits. NOTE: Income and benefits include such things as: Social Security benefits, court-ordered child support, retirement or disability benefits. *Don't* include loss of veteran's educational benefits; and
- A statement from the source of the income or benefit indicating the dates you received the income benefit and the estimated income or benefits received in 2007.

- D. Since you applied for financial aid for 2007-2008, you and your spouse have separated or divorced.

**Required Documentation:**

- Copy of your (and your spouse's) 2006 Federal 1040 tax return;
- Copy of your (and your spouse's) 2006 W-2 form(s); and if you are separated, attach a copy of your legal separation papers, or if you are now divorced, attach a copy of the divorce decree.

- E. Since you applied for financial aid for 2007-2008, a supporting spouse has died.

**Required Documentation:**

- Copy of your spouse's death certificate;
- Copy of your 2006 federal 1040 tax return; and
- Copy of your 2006 W-2s.

- F. You or your spouse received a one-time income in 2006, such as Social Security payment, inheritance, IRA, or pension distribution.

**Required Documentation:**

- Copy of your 2006 federal 1040 tax return;
- Statement from source of one-time income indicating amount; and
- Statement from you (or your spouse) indicating the disposition of the funds.

- G. You paid out (not owed) a large amount of medical and/or dental expenses in 2006 that exceeded 10% of your total income for 2006.

Total medical and dental expenses paid in 2006 \$ \_\_\_\_\_

**Required Documentation:**

- Copy of your 2006 federal income tax Schedule A: **or**
- Copies of medical and dental payments not covered by insurance that you have already paid. Provide proof of amount insurance paid.

**Step 3 — Your Family's Expected 2007 Income**

(Note: If you checked items D, E, F, or G, skip Step 3 and complete Step 4.)

- |  |  |
|--|--|
| <p>1. In 2007, how much will you earn from work? (wages, salaries, tips) \$ _____</p> <p>2. In 2007, how much will your spouse earn from work? (wages salaries, tips) \$ _____</p> <p>3. In 2007, what will the amount of your (or your spouse) tax deductible payments to IRA and/or Keogh be? \$ _____</p> <p>4. In 2007, how much will you (or your spouse) receive in Unemployment Compensation? \$ _____</p> <p>5. In 2007, how much will you (or your spouse) receive in child support? \$ _____</p> | <p>6. In 2007, how much will you (or your spouse) receive in Worker's Compensation? \$ _____</p> <p>7. In 2007, how much will you (or your spouse) receive in Social Security benefits? \$ _____</p> <p>8. In 2007, how much will you (or your spouse) receive in AFDC/ADC, TANF, or General Assistance? \$ _____</p> <p>9. In 2007, how much will you (or your spouse) receive in other untaxed income, such as earned income credit, housing, food, and other living allowances from military, clergy, and others. (Include cash payment and cash value of benefits). \$ _____</p> |
|--|--|

**Step 4 — Household Information:**

Name	Relationship to Student	Name of College
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

**Step 5 — Summary of Special Circumstances**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Step 6 — Read, Sign, and Return to the John A. Logan College Financial Aid Office**

*Certification:* All of the above information on this form and the attached documentation is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give additional proof of the information that I have given on this form. I realize that this proof may include a copy of a federal or state tax return. I also realize that if I do not give proof when asked, the special circumstance will not be reviewed. I understand the penalty for providing false or misleading information is a \$10,000.00 fine, a prison sentence, or both.

Student signature \_\_\_\_\_

Date completed \_\_\_\_\_

Is your required documentation attached?  Yes  No

**For Office Use Only**

Prior year Special Circumstance: Yes \_\_\_\_ No \_\_\_\_  Special Circumstance Approved  Special Circumstance Denied

Approved  Denied Date \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff Signature \_\_\_\_\_

*John A. Logan College is committed to equal access and equal opportunity for all students. Admission, financial aid, student employment, curriculum requirements, extracurricular participation, counseling, placement service, athletic programs, or any other service or program of the College, shall be provided without regard to sex, race, color, religion, age, national origin, or disability when such College activity is consistent with applicable laws and regulations. The admission and retention of, as well as services, programs, and activities for, students with identified disabilities will be in accordance with applicable laws and regulations.*