



**John A. Logan College**  
 700 Logan College Drive  
 Carterville, IL 62918  
 Phone 618-985-3741 Fax 618-985-4116

**2023-2024 Student  
 Special Circumstance Form**

Federal Student Aid Regulations provide the potential for re-evaluation if your financial circumstances change. The 2021 income information that you reported on your financial aid application may not be an accurate indicator of your ability to pay for educational costs. 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 best applies to your situation. Required documentation to support your circumstance **must be attached**.

- A. You (or your spouse) earned money in 2021, but have lost a full-time job for at least ten (10) weeks and are still unemployed.

**Required Documentation:**

1. Statement of **all** previous employer(s) you (or your spouse) worked for in 2022 indicating date you (or your spouse) ceased employment;
2. Copy of your 2022 federal IRS 1040 tax transcript;
3. Copy of your (and your spouse's) 2022 W-2s.
4. A current statement of unemployment benefits received.

**Required Documentation:**

1. Copy of your 2022 federal IRS 1040 tax transcript;
2. Statement from source of one-time income indicating amount; and
3. Statement from you (or your spouse) indicating the disposition of the funds.

- B. You (or your spouse) earned money in 2021, but have changed employment and earned substantially less money in 2022.

**Required Documentation:**

1. Statement of **all** employers you (or your spouse) worked for in 2022 indicating:
  - Dates of employment
  - Copy of your 2022 federal IRS 1040 tax transcript.
  - Copy of your (and your spouse's) 2022 W-2 form(s)

Total medical and dental expenses paid in 2021 \$ \_\_\_\_\_

**Required Documentation:**

1. Copy of your 2021 federal IRS income tax transcript Schedule A: **or**
2. Copies of medical and dental payments not covered by insurance that you have already paid. Provide proof of amount insurance paid.

- C. You (or your spouse) received unemployment compensation, or some other taxed or untaxed income or benefit for at least ten (10) weeks in 2021, but have completely lost that income or benefit.

**Required Documentation:**

1. Statement of termination from the source of income. *Include* dates you received the benefits. NOTE: Income and benefits include: Social Security, court-ordered child support, retirement or disability benefits; and
2. A statement from the source of the income or benefit indicating the dates you received the income benefit and the income or benefits received in 2022.

**Required Documentation:**

1. Copy of your 2021 federal IRS 1040 tax transcript;
2. Copy of your 2021 W-2 form(s); and if you are separated, attach a copy of your separation papers, or if you are now divorced, attach a copy of the divorce decree.

- D. You (or your spouse) received a one-time income in 2021, such as Social Security payment, IRA, or pension distribution.

- F. Since you applied for financial aid for 2023-2024, you and your spouse have separated or divorced.

**Required Documentation:**

1. Copy of your spouse's death certificate;
2. Copy of your 2021 federal IRS 1040 tax transcript; and
3. Copy of your 2021 W-2s.

**Step 3 – Please provide documents requested. ATTACH a letter of explanation with starting and ending dates of all jobs and/or benefits for 2022 if you checked item A, B, C, or D. Please provide supporting documentation which may include copies of court documents, W2 forms, year-to-date income statements from employer(s) income tax returns, unemployment benefit amount verification, public aid benefit amount verification, and other information as appropriate.**

Print Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

**Step 4 – Household Information:**

	<u>Name</u>	<u>Relationship to Student</u>	<u>Name of College</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

**Step 5 — 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 transcript. I also realize that if I do not give proof when asked, the special circumstance will not be reviewed.

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 \_\_\_\_\_

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.*