



2021-2022
SPECIAL CIRCUMSTANCE FORM

Student Name: _____ DOB: _____ SSN: _____
(last 4)

Occasionally changes occur or unusual circumstances exist that may warrant re-evaluation of a student's financial aid eligibility. If these circumstances have resulted in a significant reduction of your total family income since 2019, then you may want to submit a Request for Special Consideration. We have listed the most common examples of situations that may warrant reconsideration. Please note that filing a Special Circumstance Form does not guarantee additional financial aid. At best, special circumstance requests may result in the student receiving the maximum subsidized loan and/or Pell Grant.

LOSS OF EMPLOYMENT/DECREASE IN INCOME

- Student/Spouse Loss of Employment in 2020 and/or 2021
- Student/Spouse Decrease in Income in 2020 and/or 2021
- Parent Loss of Employment in 2020 and/or 2021
- Parent Decrease in Income in 2020 and/or 2021

Please provide/attach the documents listed below:

- Unemployment benefit statement or a signed statement that you will not receive unemployment benefits.
- Letter from your employer(s) verifying reduction in hours or date of separation. Include anticipated return date, if applicable.
- Has the person who lost the job started another job?

If yes, enter the start date of the new employment and include the most recent pay stub reflecting year to date earnings.

Start Date: _____

LEGAL SEPARATION OR DIVORCE OF STUDENT OR PARENTS IN 2019, 2020, OR 2021

Date of Legal Separation or divorce: _____

Please provide/attach the documents listed below:

- A copy of the legal separation/divorce papers; or proof of separate residence (driver's license, lease agreement, etc.)

DEATH OF A SPOUSE OR PARENT IN 2020 OR 2021

Date of Death: _____

Please provide/attach the documents listed below:

- A copy of the death certificate or obituary; **and**
- Student's, Spouse's, or Parent's 2020 income information, and student's 2021 year to date income information.

UNREIMBURSED MEDICAL EXPENSES PAID

- Student/Spouse 2020 and/or 2021 Unreimbursed Medical/Dental/RX/Mental Health Care Expenses.
- Parent 2020 and/or 2021 Unreimbursed Medical/Dental/RX/Mental Health Care Expenses.

Please provide/attach the documents listed below:

- Itemized account statements showing patient name, date of services, charges, and student payment, OR;
- Copy of Tax Schedule A from your 2020 IRS 1040 Federal Tax Return (if medical expenses were reported).

OTHER SPECIAL CIRCUMSTANCE

(Please explain and include any applicable supporting documents)

PERSONAL STATEMENT EXPLAINING YOUR SPECIAL CIRCUMSTANCE

(Please include applicable dates and how you were affected)

Certification and Signatures: I certify that all information and documentation submitted is true and correct to the best of my knowledge. If asked, I agree to provide additional proof of the information/documentation provided with this form. I authorize Apollo Career Center to verify any third-party documentation which I have submitted.

Student Signature: _____

Date: _____

Parent Signature: _____
(if applicable)

Date: _____

Please return this form, your letter, and supporting documentation to: joy.baeumel@apollocc.org.