



## 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 the tax year reported on the FAFSA, 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
- Student/Spouse Decrease in Income
- Parent Loss of Employment
- Parent Decrease in Income

**Please provide/attach the documents listed below:**

- Unemployment benefit statement or a signed statement that you will not receive unemployment benefits.
- 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**

- 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**

Date of Death: \_\_\_\_\_

**Please provide/attach the documents listed below:**

- A copy of the death certificate or obituary; **and**
- Spouse's, or Parent's FAFSA tax income information.

**UNREIMBURSED MEDICAL EXPENSES PAID**

- Student/Spouse Unreimbursed Medical/Dental/RX/Mental Health Care Expenses.  
Parent 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 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](mailto:joy.baeumel@apollocc.org).