



2025-2026 SPECIAL CIRCUMSTANCE FORM

Parent(s)

Student Name _____ SCC ID _____

Phone _____ Email _____

INSTRUCTIONS

Complete both sides of this form after the student submits a 2025-2026 FAFSA and after they have received a FAFSA Submission Summary. Verification must also be completed before this form can be processed. The parent and student must sign and date this form after it has been completed and return it to the Financial Aid Office with the required documentation.

Select One

- ☐ A parent worked in 2023, but has since experienced an involuntary job termination, is working on a reduced-hour basis, or changed jobs and will earn significantly less in 2025.

Date termination/reduced hours began: _____

Required Documentation:

- Signed/dated personal statement explaining circumstances;
- Proof of termination or reduced hours on company letterhead from previous employer;
- Letter(s) from current employer(s) stating the date employment began, average hours per week, and hourly pay rate on company letterhead;
- Parents' 2024 tax transcript(s) or 2024 signed/dated tax return(s);
- Parents' 2024 W-2s and/or 1099s;
- Parents' current statement of unemployment benefits received;
- Parents' most recent 2025 pay stub(s) showing gross year-to-date wages for each job worked.

(If submitting after December 31, 2025, also submit parents' 2025 W-2s and 2025 tax transcript)

- ☐ A parent received unemployment compensation, social security, workers' compensation, or some other type of income or benefit in 2023, but have had that income or benefit terminated or reduced for 2025.

Date of income/benefit loss or reduction: _____

Type of income/benefit lost: _____

Required Documentation:

- Signed/dated personal statement explaining circumstances;
- Proof of amount and type of income/benefit lost or reduced;
- Parent's most recent 2025 pay stub(s) showing gross year-to-date wages from each job worked.

- ☐ You have already applied for financial aid for 2025-2026 and since that time your parents have separated and/or divorced.

Date of separation/divorce _____

Required Documentation:

- Parents' 2024 tax transcript(s) or 2024 signed/dated tax returns;
- Supporting parent's 2024 W-2s and/or 1099s;
- If divorced, a copy of the divorce decree;
- If separated, a copy of separation papers or signed/dated notarized statement certifying separation and proof of separate addresses for both parents (utility bills, lease, insurance).

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A supporting parent has died since applying for financial aid for 2025-2026.

Date of loss: _____

Required Documentation:

- Death certificate;
- Parents' 2024 tax transcript(s) or 2024 signed/dated tax return(s);
- Parents' 2024 W-2s and/or 1099s;
- Deceased parent's 2025 income information, including last pay statement showing gross year-to-date wages for each job worked;
- Surviving parent's 2025 income information, including a copy of the current pay statement from each job worked;
- A copy of life insurance and/or survivor benefits.

(If submitting after December 31, 2025, also submit parents' 2025 W-2s and 2025 tax transcript)

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Your family paid an excessive amount of medical bills and/or insurance premiums in 2024 or 2025 that was not covered by insurance.

Required Documentation:

- Signed/dated personal statement explaining circumstances;
- A copy of Schedule A from tax return;
- Proof of total amount paid by insurance;
- Proof from health providers of amount you personally paid or a copy of an agreement to pay.

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Other special circumstances (Please describe) _____

Read, Sign, and Return to Shawnee Community College Financial Aid Office

I certify that, to the best of my knowledge, all of the information on this form and the attached documentation is true and complete to the best of my knowledge. If asked by the financial aid office to provide additional supporting documentation, I agree to do so in a timely manner. I understand that the special circumstance will not be reviewed and/or processed if I do not provide all the information and/or requested documentation.

Parent Signature _____

Date _____

Student Signature _____

Date _____

For Office Use Only

_____ **Approved**

_____ **Denied**

Comments: _____

Staff Signature

Date