



**FINANCIAL AID AND
VETERANS SERVICES**
Illinois Valley Community College

**2023-2024
Special Circumstance**

Student Name: _____ SSN or ID# _____

Address: _____ City, ST Zip: _____

Telephone Daytime: _____ Evening: _____

This form must be completed if you would like to have your financial aid award reevaluated because of a special circumstance that will affect your/your parent(s)' ability to contribute toward your 2023-24 educational expenses.

Step 1: Person who has lost benefits or other special circumstance: _____

Name of the person who has the special circumstance: _____

Relationship to student: ___ Self ___ Spouse ___ Father/Stepfather ___ Mother/Stepmother

Step 2: Nature of the Special Circumstance: _____

___ Loss of employment
Last date of employment was: _____ (attach proof of last date)
Total earned in 2023: \$ _____ (attach last pay stub or letter from employer)
Did you apply for unemployment benefits? ___ Yes ___ No (attach eligibility letter)
If eligible for unemployment: Weekly amount: \$ _____ Date unemployment began: _____
Have you begun new employment: ___ Yes ___ No
If yes Start date: _____ Monthly earnings: \$ _____ (provide current pay stub)

___ Loss of other benefit(s): Name of benefit: _____ Date benefit ended: _____
Amount of monthly benefit lost: \$ _____ (attach documentation).

___ Reduction in income due to ___ death, ___ divorce or ___ legal separation, which occurred after the date you filed your 2023-2024 FAFSA application. (Please attach a copy of your 2022 tax return, including Schedules 1, 2, and/or 3, with all W-2 forms. Also, provide a copy of the death certificate, divorce decree, or legal separation document).

___ Parent in college at least half-time (attach parent's academic schedule for Fall 2023 or Spring 2024)

___ Unusually high medical expenses not claimed on 2021 or 2022 tax return (provide proof of cancelled checks or statements showing payments. Expenses must not be eligible for insurance coverage).

___ Other: Please describe and attach any supporting documentation: _____

Step 3: Expected Income:

Complete the chart below to report/project the 2023 calendar year income (January 2023 – December 2024) for you, your spouse (if married) and your parents (if the special circumstance is due to their situation). Please enter an amount for each item, even if the amount is zero.

Income/Benefit	Student	Spouse	Father/ Step-father	Mother/ Step-mother
2023 est. GROSS earnings from work (1/1/23-12/31/23)	\$	\$	\$	\$
2023 est. unemployment benefits	\$	\$	\$	\$
2023 est. retirement/pension benefits	\$	\$	\$	\$
2023 est. Social Security benefits	\$	\$	\$	\$
2023 est. child support received	\$	\$	\$	\$
Other (specify) _____ (i.e., worker's comp, disability, alimony, etc.)	\$	\$	\$	\$

Step 4: Documentation Required:

The following documents **must** be submitted along with this form. **Incomplete appeals will be returned.**

- Documents listed in step 2, based on the nature of your special circumstance.
- A paper copy of the 2022 Federal and State tax return for the person(s) with the special circumstance. Please include W-2 forms and pertinent tax schedules.
- **If this form is completed after 1/1/2024, you must also submit the paper copy of the 2023 Federal tax return.**

Step 5: Additional Information:

In order to more fully understand your situation, please feel free to attach a narrative of your situation and/or any additional documentation you would like to have considered. This step is optional and you will be contacted if any additional documentation is necessary.

Step 6: Required Signatures:

All of the information provided on this form is true and complete to the best of my knowledge. I understand that purposely giving false or misleading information may result in fines, penalties and/or reduction or immediate repayment of aid.

Student signature (required) _____

Date _____

Parent signature (required if parental information is given) _____

Date _____