VERNON COLLEGE SPECIAL CIRCUMSTANCES APPLICATION 2023-2024 Academic Year

Name:	Student ID	phone:		
changed significantly dumake professional judge could affect their ability t financial aid situation for return it to the Vernon Cause denial of your spewithin 30 business days	e to a circumstance beyond your or the ment allowances in regard to student o pay for their education. If you believe the 2023-2024 academic year please ollege Financial Aid Office. Do not lead the circumstances application. Your	your spouse's or parent's financial situation has beir control. Vernon College has the authority to so who have unusual and special circumstances that be you have special circumstances that impact your expected complete the appropriate section of this form and expected and a determination made attention. You must complete a 2023-2024 FAFSA application.		
1. Please indicate	below the reason you are req	uesting special circumstances:		
Divorce/Sep Death of Sp Disability of High Medic Other (Spec	nent employment paration pouse Student/Spouse al/Dental Expenses	Required Documentation Letter from TEC/Termination Letter Statements from all employers in 2023 Divorce Decree/Separation Statement Copy of Death Certificate/Obituary Letter from Doctor/Social Security Admin. Copy of PAID bills and cancelled checks at caused the income reduction.		

(Attach separate sheet if necessary)

INCOME INFORMATION

Please provide annual estimates for the period January 1, 2023 to December 31, 2023.

You <u>must attach</u> statements from employers, agencies, etc. on their letterhead, indicating dates of employment, amounts paid to date in 2023 and expected income for the remainder of the year. <u>If you fail to provide these statements, your request will be denied.</u> (W-2 forms and check stubs are not acceptable). If you worked for more than one employer in 2023, you must provide this documentation from all employers. You must provide this information for you, your parent's and/or spouse. Additional information may be requested.

		Student	Spouse	e/Parent(s)				
Wages, salaries, tips	\$		\$	` ,				
Unemployment Compensation	\$		\$					
Social Security Benefits	\$		Φ.					
Child Support	\$		\$					
Gifts	\$		\$					
Housing/food allowance	\$ \$		Ψ					
Savings/Checking Balance			Ψ					
	\$							
Bills paid by someone else	\$		\$					
Cash Received from Family/friends	\$		\$					
Other	. \$		\$					
CERTIFICATION								
I certify that all information on this form is true and complete to the best of my knowledge. I understand that if I fail to provide all the information and/or documentation required at the time of initial application, my application will be denied and I will not be able to submit another application. I understand that if I								
choose to apply for special circumstances, any aid I have been awarded prior to this time will be voided. I also understand that any suspected fraud will be reported to the appropriate authorities.								
Student's Signature	Date	Spouse's Sigr	nature	Date	_			
Father's Signature	Date	Mother's Sigr	nature	Date	_			
No student or prospective student will be excluded from participation in or be denied the benefits of financial aid at Vernon College on the basis of race, age, color, gender, marital status, religion, national origin or disability.								
FINANCIAL AID OFFICE USE ONLY:								
ACTION TAKEN: () Approved () Denied	Date:_			_			
Comments:								
Review Committee Signatures:								
					_			