## VERNON COLLEGE SPECIAL CIRCUMSTANCES APPLICATION 2024-2025 Academic Year

| Name:  | Student ID  | Phone:  |
|--|---|---|
| changed significantly due<br>make professional judger<br>could affect their ability to<br>financial aid situation for<br>return it to the Vernon Co<br>cause denial of your spec<br>within 30 business days of | e to a circumstance beyond your of<br>ment allowances in regard to stud<br>to pay for their education. If you be<br>the 2024-2025 academic year ple<br>ollege Financial Aid Office. Do not<br>cial circumstances application. | ou, your spouse's or parent's financial situation has or their control. Vernon College has the authority to ents who have unusual and special circumstances that lieve you have special circumstances that impact your ease complete the appropriate section of this form and leave out any information or documentation as this will our request will be reviewed and a determination made entation. You must complete a 2024-2025 FAFSA ce application. |
| 1. Please indicate I   | below the reason you are i  | requesting special circumstances:   |
| Other (Spec  | ent<br>employment<br>earation<br>ouse<br>Student/Spouse<br>al/Dental Expenses<br>ify)   | Required Documentation Letter from TEC/Termination Letter Statements from all employers in 2024 Divorce Decree/Separation Statement Copy of Death Certificate/Obituary Letter from Doctor/Social Security Admin. Copy of PAID bills and cancelled checks sthat caused the income reduction.   |
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|  |   |   |

(Attach separate sheet if necessary)

## **INCOME INFORMATION**

Please provide annual estimates for the period January 1, 2024 to December 31, 2024.

You <u>must attach</u> statements from employers, agencies, etc. on their letterhead, indicating dates of employment, amounts paid to date in 2024 and expected income for the remainder of the year. <u>If you fail to provide these statements</u>, <u>your request will be denied</u>. (W-2 forms and check stubs are not acceptable). If you worked for more than one employer in 2024, 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/Pa | arent(s)    |   |  |  |  |
|---|----------|----------------|-----------|-------------|---|--|--|--|
| Wages, salaries, tips   | \$       |                | \$        | ` ,         |   |  |  |  |
| Unemployment Compensation   | \$       |                | \$        |             |   |  |  |  |
| Social Security Benefits  | \$       |                | \$        | <del></del> |   |  |  |  |
| Child Support   | \$<br>\$ |                | \$        |             |   |  |  |  |
| Gifts   | Ψ        |                | Φ         |             |   |  |  |  |
|   | Ψ<br>Φ   |                |           |             |   |  |  |  |
| Housing/food allowance  | Φ        |                | \$        |             |   |  |  |  |
| Savings/Checking Balance  | \$       |                | \$        |             |   |  |  |  |
| Bills paid by someone else  | \$       |                | \$        |             |   |  |  |  |
| Cash Received from Family/friends   | \$       |                | \$        |             |   |  |  |  |
| Other   | . \$     |                | \$        |             |   |  |  |  |
|   | CERTIF   | FICATION       |           |             |   |  |  |  |
| 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 Signa | ature     | Date        | _ |  |  |  |
| Father's Signature  | Date     | Mother's Signa | ature     | 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.  |          |                |           |             |   |  |  |  |
| FINIANIONAL AID OFFICE LIGE COUNT   |          |                |           |             |   |  |  |  |
| FINANCIAL AID OFFICE USE ONLY:  |          |                |           |             |   |  |  |  |
|   | ) Denied | Date:          |           |             | _ |  |  |  |
|   | •        |                |           |             | _ |  |  |  |
| ACTION TAKEN: ( ) Approved (  | •        |                |           |             |   |  |  |  |