

VERNON COLLEGE
SPECIAL CIRCUMSTANCES APPLICATION
2026-2027 Academic Year

Name: _____ Student ID _____ Phone: _____

This form may be used for the 2026-2027 school year if you, your spouse's or parent's financial situation has changed significantly due to a circumstance beyond your or their control. Vernon College has the authority to make professional judgement allowances in regard to students who have unusual and special circumstances that could affect their ability to pay for their education. If you believe you have special circumstances that impact your financial aid situation for the 2026-2027 academic year please complete the appropriate section of this form and return it to the Vernon College Financial Aid Office. Do not leave out any information or documentation as this will cause denial of your special circumstances application. Your request will be reviewed and a determination made within 30 business days of submitting all requested documentation. You must complete a 2026-2027 FAFSA before any action will be taken on your special circumstance application.

1. Please indicate below the reason you are requesting special circumstances:

<u>Reason</u>	<u>Required Documentation</u>
____ Unemployment	Letter from TEC/Termination Letter
____ Change of employment	Statements from all employers in 2026
____ Divorce/Separation	Divorce Decree/Separation Statement
____ Death of Spouse	Copy of Death Certificate/Obituary
____ Disability of Student/Spouse	Letter from Doctor/Social Security Admin.
____ High Medical/Dental Expenses	Copy of PAID bills and cancelled checks
____ Other (Specify) _____	

2. Provide an explanation detailing the circumstances that caused the income reduction.

(Attach separate sheet if necessary)

INCOME INFORMATION

Please provide annual estimates for the period January 1, 2026 to December 31, 2026.

You must attach statements from employers, agencies, etc. on their letterhead, indicating dates of employment, amounts paid to date in 2026 and expected income for the remainder of the year. If you fail to provide these statements, your request will be denied. (W-2 forms and check stubs are not acceptable). If you worked for more than one employer in 2026, 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/Parent(s)
Wages, salaries, tips	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
Social Security Benefits	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Gifts	\$ _____	\$ _____
Housing/food allowance	\$ _____	\$ _____
Savings/Checking Balance	\$ _____	\$ _____
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 Signature _____ Date _____

Father's Signature _____ Date _____ Mother's Signature _____ 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: _____