

Name: _____ Student ID _____ Phone: _____

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.

This image shows a single page from a notebook or ledger. It features ten evenly spaced horizontal blue lines across its entire width, providing a guide for handwriting. The background is white, and there are no margins, text, or other markings present.

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