



Santiago Canyon College

RETURN TO:
 Financial Aid Office
 8045 E. Chapman Ave., Rm. E-104
 Orange, CA 92869-4512 (714) 628-4876

Name of Financial Aid Applicant (Please print):

 Last First Middle Initial

Student ID#: _____

Academic Year: _____

SPECIAL CIRCUMSTANCE REQUEST FORM

Please complete this form if your income and/or your spouse's or parent(s)'s income (Dependent Student's) will be significantly less this year than it was last year or if you have had some other dramatic financial changes due to circumstances *beyond your/your parent's control*.

STEP I: Check appropriate reason for Special Circumstance Request that applies to you. See next page for required documents.

		DATE(S)	OFFICE USE ONLY
A.	<input type="checkbox"/> Unemployment or change in employment		IPA: 30% Food 16% Clothing/personal 22% Housing 11% Medical 9% Transportation 12% Other family consumption Original EFC _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied X _____
B.	<input type="checkbox"/> Unusual medical or dental expense		
C.	<input type="checkbox"/> Tuition expenses (private elementary/secondary)		
D.	<input type="checkbox"/> One-time, lump-sum, pay-out or income (bonus pay)		
E.	<input type="checkbox"/> Other Special Circumstance (explain)		

STEP II: Estimate Expenses/Income (Provide source of income for current calendar year)

Yearly EXPENSES for _____ year (Ex: Rent- \$800 x 12 #mo. = \$9,600 yr)			Year-to-Date (YTD) Income for _____ year (Ex: \$500 x 4 mo. = \$ 2,000 (YTD))		
	Monthly	Total	(YTD) Income	Monthly	Total
Rent/Mortgage Payment	\$ _____ x # mo.	\$ _____	Student Gross Income	\$ _____ x # mo.	\$ _____
Property Taxes (if separate)	\$ _____ x # mo.	\$ _____	Spouse's Gross Income (If applicable)	\$ _____ x # mo.	\$ _____
Utilities (Include: gas, phone, cable, cell, etc.)	\$ _____ x # mo.	\$ _____	Parent 1 Gross Income (DEPENDENT STUDENT'S ONLY)	\$ _____ x # mo.	\$ _____
Insurance (Auto, health, other)	\$ _____ x # mo.	\$ _____	Parent 2 Gross Income (DEPENDENT STUDENT'S ONLY)	\$ _____ x # mo.	\$ _____
Food	\$ _____ x # mo.	\$ _____	Unemployment	\$ _____ x # mo.	\$ _____
Transportation (Gas, registration, etc.)	\$ _____ x # mo.	\$ _____	Social Security Benefits	\$ _____ x # mo.	\$ _____
Entertainment	\$ _____ x # mo.	\$ _____	Workers Compensation	\$ _____ x # mo.	\$ _____
Personal	\$ _____ x # mo.	\$ _____	Alimony	\$ _____ x # mo.	\$ _____
Other:	\$ _____ x # mo.	\$ _____	Child Support	\$ _____ x # mo.	\$ _____
	\$ _____ x # mo.	\$ _____	Disability	\$ _____ x # mo.	\$ _____
	\$ _____ x # mo.	\$ _____	Other Income Not reported:	\$ _____ x # mo.	\$ _____
Total Yearly Expenses:		\$ _____	Total (YTD) Income:		\$ _____

**Please see required documentation on reverse side



STEP III: Project Income for the current calendar year.

Projected Income (Proj./Inc.) for _____ year (Jan. 1-Dec. 31) (Ex: \$400 (Proj./ Inc.) x 3 mo. = \$1,200 yr projected income)					
Type of Projected Income	Monthly	Total	Type of Projected Income	Monthly	Total
Student's Gross Income from work	\$ _____ x _____ # mo.	\$ _____	Social Security Benefits	\$ _____ x _____ # mo.	\$ _____
Spouses Gross Income from work (If applicable)	\$ _____ x _____ # mo.	\$ _____	IRA Distributions	\$ _____ x _____ # mo.	\$ _____
Parent's Gross Income from Work (Father/Mother)	\$ _____ x _____ # mo.	\$ _____	Foreign Income	\$ _____ x _____ # mo.	\$ _____
Unemployment	\$ _____ x _____ # mo.	\$ _____	Other	\$ _____ x _____ # mo.	\$ _____
Alimony	\$ _____ x _____ # mo.	\$ _____			
Total Projected Income:					\$ _____

STEP IV: Required Documentation

A. Unemployed/Dislocated or change in employment

- Employment discontinuation notification from previous employer
- Letter from EDD showing unemployment benefits (dollar amounts and dates)
- Copy of last pay stub
- Copies of _____ and _____ year Federal Income Tax returns, and W-2's
- Attach a separate written statement explaining your situation including dates

B. Unusual medical/dental/nursing home expenses not covered by insurance

- Copies of _____ and _____ year Federal Income Tax returns, and W-2's
- Copies of unreimbursed medical/dental bills **paid**
- Attach a separate written statement explaining your situation including dates

C. Tuition expenses at a private elementary/secondary school

- Current verification of enrollment and tuition paid from the Admissions/Registrar's Office
- Attach a separate written statement explaining your situation including dates

D. One-time lump sum pay out/income (e.g., gambling winnings, bonus pay, IRA or pension distribution)

- Copies of _____ and _____ year Federal Income Tax returns, and W-2's
- Documentation showing one-time sum (e.g., check stub, letter from employer, etc.)
- Attach a separate written statement explaining your situation including dates

E. Other Special Circumstances

- Type of special circumstance: _____
- Attach a separate written statement explaining your situation including dates

STEP V: Certifications and Signatures

* All requests for special circumstances will be evaluated on a case-by-case basis under professional judgment guidelines and may affect your financial aid eligibility. In addition, each student's circumstances are unique; therefore financial aid eligibility may differ for each family member who applies for Title IV funds at Rancho Santiago Community College District. The decision of the Financial Aid Administrator **cannot** be appealed.

Each person signing this form certifies that all the information reported on it is complete and correct. The student and one parent (Dependent Student's only) whose information was reported on the FAFSA must sign and date.

WARNING: If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both.

Print Student's Name

Student's Signature

Date

Parent's Signature (Dependent Student's only)

Date

Non-Discrimination Policy

The Rancho Santiago Community College District is committed to equal opportunity in educational programs, employment, and all access to institutional programs and activities. The District, and each individual who represents the District, shall provide access to its services, classes, and programs without regard to national origin, religion, age, gender, gender identity, gender expression, race or ethnicity, color, medical condition, genetic information, ancestry, sexual orientation, marital status, physical or mental disability, pregnancy, or military and veteran status, or because he or she is perceived to have one or more of the foregoing characteristics, or based on association with a person or group with one or more of these actual or perceived characteristics. The Chancellor shall establish administrative procedures that ensure all members of the college community can present complaints regarding alleged violations of this policy and have their complaints heard in accordance with the Title 5 regulations and those of other agencies that administer state and federal laws regarding nondiscrimination. No District funds shall ever be used for membership, or for any participation involving financial payment or contribution on behalf of the District or any individual employed by or associated with it, to any private organization whose membership practices are discriminatory on the basis of national origin, religion, age, gender, gender identity, gender expression, race, color, medical condition, genetic information, ancestry, sexual orientation, marital status, physical or mental disability, pregnancy, or military and veteran status, or because he or she is perceived to have one or more of the foregoing characteristics, or because of his or her association with a person or group with one or more of these actual or perceived characteristics. Inquiries regarding compliance and/or grievance procedures may be directed to: **Rancho Santiago Community College District** Title IX Officer and Section 504/ADA Coordinator John Didion 2323 N. Broadway Santa Ana, CA 92706 Phone: (714) 480-7489 [O\FORMS & Letters\Word Forms\Forms-Non-Year Specific\Special Circumstance Request.doc](#)