



Financial Aid Office
444 Western Boulevard
Jacksonville, NC 28546
910-938-6120

SPECIAL CIRCUMSTANCES APPEAL

Dear Student,

The primary responsibility for financing a student's education rests with the student and their family. Unless a student is classified as Independent* for financial aid purposes by federal definition, parental income and asset information must be included in determining eligibility. Student (and parents, when applicable) contributions (together making up the Expected Family Contribution or EFC) are calculated using a congressionally mandated needs-analysis formula. The CCC Financial Aid Office recognizes this formula may not always accurately reflect special circumstances for individual students and/or families.

If your situation has changed drastically from the information you provided on the 2008- Free Application for Federal Student Aid (FAFSA) and the situation falls into one of the categories listed in this form, you may submit a complete Special Circumstance Appeal with the required documentation.

Once a completed request is reviewed, it may result in either: 1) a reduction in the base year income and/or assets; 2) the use of income for the current calendar year; or 3) an increase in Cost of Attendance (COA) for the current academic year.

If you wish to proceed, with this Special Circumstance Appeal, please check and complete all applicable sections on the following page and attach all required documentation, then mail to:

Coastal Carolina Community College
Office of Financial Aid
444 Western Boulevard
Jacksonville, N.C. 28546

An incomplete application will be returned. Please, do not submit this form unless the form is complete and all requested documentation, signatures, and requirements have been met.



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2009-2010 REQUEST FOR CONSIDERATION OF SPECIAL CIRCUMSTANCES

In cases where 2009 family income is expected to be substantially less than 2008, or if you have special circumstances we should take under advisement, you may request a review of family contribution and financial aid eligibility. Complete and return this form to the Financial Aid Office along with documentation to support your request.

Student Name: _____ SS#: _____

Reasons for review of financial aid eligibility: **Check condition and circle the person for whom it applies:**

- You / Your Spouse / Your Parent(s)** was / were employed in 2008 but is / are now unemployed or under employed.
Suggested Documentation: Statement from Employer.
- You / Your Spouse / Your Parent(s)** earned money in 2008, but has / have been unable to pursue normal income-producing activities during 2009 due to a disability or natural disaster.
Suggested Documentation: Physician's statement or written description of natural disaster.
- You / Your Spouse / Your Parent(s)** received unemployment compensation, child support, or Social Security benefits or other untaxed income in 2008 and have had a complete loss of those benefits in 2009.
Suggested Documentation: Letter of explanation from source of benefit.
- Your Spouse / Parent** whose 2008 income was reported on your application for Federal Student Aid has died since you submitted your application.
Date of Death: ____/____/____
Suggested Documentation: Death Certificate
- You/Your Parents** have separated/divorced and income from both parties was reported on the application for Federal Student Aid for 2008.
Suggested Documentation: Separation Agreement or Divorce Decree
- Your parent(s)** will be attending college at least half-time between July 1, 2009 and June 30, 2010, and will be enrolled in a degree or certificate program.
Name of parent(s) who meet this definition: _____
College(s) that parent(s) will attend: _____
Suggested Documentation: Proof of enrollment from the college(s) that parent(s) attend.
- Other:** Please explain briefly and concisely those circumstances you wish us to consider when reviewing your financial aid eligibility. Examples include: non-reimbursed medical costs, one-time bonus etc. Please submit documentation supporting the circumstances with this form.

Student / Spouse / Parent(s) Expected 2009 Income and Expenses (if required)

	Student / Spouse	Parent(s)
2009 Income earned from work by student / father:	\$	\$
2009 Income earned from work by spouse / mother:	\$	\$
2009 U. S. Income Taxes to be paid:	\$	\$
2009 Other Taxable Income (e.g. unemployment benefit):	\$	\$
2009 Social Security Benefits:	\$	\$
2009 AFDC/ADC or TANF Benefits:	\$	\$
2009 Other non-taxable income or benefits:	\$	\$
Total Expected 2009 Income:	\$	\$

I understand that if I purposely give false or misleading information in connection with my application for Federal Student Aid, I may be subject to a fine of up to \$20,000, imprisonment for up to 5 years, or both.

_____ **Student Signature** _____ **Date**

_____ **Spouse / Parent Signature** _____ **Date**

----For Office Use Only----

_____ **Approved** ● Recalculated EFC: _____ ● ISIR reprocessed ____/____/____

Data amounts to be adjusted: _____

_____ **Denied** Reason: _____

I hereby use my professional judgment to adjust / not adjust this student's expected family contribution.

_____ **Financial Aid Director**

_____ **Date**