



2025-2026  
Request for  
Consideration of Special  
Circumstances

Financial Aid Department  
Phone: 910-938-6749  
Fax: 910-455-2767  
Email: [finaid@coastalcarolina.edu](mailto:finaid@coastalcarolina.edu)

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 Student Aid Index or SAI) are calculated using a congressionally mandated needs-analysis formula. The CCCC 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 2024-2025 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 the 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 pages and attach all required documentations, then mail to:

**Coastal Carolina Community College  
Office of Financial Aid  
444 Western Boulevard  
Jacksonville, NC 28546**

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

**WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**

## 2025-2026 REQUEST FOR CONSIDERATION OF SPECIAL CIRCUMSTANCES

In cases where 2024 family income is expected to be substantially less than 2023, 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 and attached a signed copy of the 2023 and 2024 Federal Taxes and W2's.**

- ☐ **You / Your Spouse / Your Parent(s)** was / were employed in 2023 but is / are now unemployed or under employed (reduced to less than 40 hours per work week).

**Suggested Documentation:** Statement from Employer last date of employment.

- ☐ **You / Your Spouse / Your Parent(s)** earned money in 2023, but has / have been unable to pursue normal income-producing activities during 2024/2025 due to a disability or natural disaster.

**Suggested Documentation:** Physician's statement or written description of natural disaster.  
Disability Statement

- ☐ **You / Your Spouse / Your Parent(s)** received unemployment compensation, child support, or Social Security benefits or other untaxed income in 2023 and have had a complete loss of those benefits in 2024/2025.

**Suggested Documentation:** Letter of explanation from source of benefit.

- ☐ **Your Spouse / Parent** whose 2023 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/married and income from both parties or one party was reported on the application for Federal Student Aid for 2023.

**Suggested Documentation:** Separation Agreement, Divorce Decree or Marriage Certificate

- ☐ **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, Regular IRA to a Roth IRA, etc. Please submit documentation supporting the circumstances with this form.

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***Attach a copy of your 2024 Federal Tax Return and W2's***  
**List Student / Spouse / Parent(s) 2025/2026 Expected Income**

	Student / Spouse	Parent(s)
Income earned from work by student / father: _____	\$ _____	\$ _____
Income earned from work by spouse / mother: _____	\$ _____	\$ _____
VA Educational Benefits (e.g. Chapter 30, 31, Post 9-11): _____	\$ _____	\$ _____
Other Taxable Income (e.g. unemployment benefit): _____	\$ _____	\$ _____
Social Security Benefits: _____	\$ _____	\$ _____
AFDC/ADC, SNAP, or TANF Benefits: _____	\$ _____	\$ _____
Other non-taxable income or benefits (e.g. VA Disability, Disability, Child Support): _____	\$ _____	\$ _____
<b>Total Expected Income...</b>	<b>\$ _____</b>	<b>\$ _____</b>

**Certification and Signature**

Each person signing below certifies that all of the verification documents submitted with this certification are complete and correct. If dependent student, the student and one parent whose information was reported on the FAFSA must sign and date.

\_\_\_\_\_  
Student's Signature (Required) Date

\_\_\_\_\_  
Spouse's Signature (Optional) Date

\_\_\_\_\_  
Parent's Signature (Required, if dependent student) 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**