VERNON COLLEGE SPECIAL CIRCUMSTANCES APPLICATION 2025-2026 Academic Year

Name:	Student ID	Phone:
changed significantly due make professional judger could affect their ability to financial aid situation for treturn it to the Vernon Co cause denial of your spec within 30 business days of	to a circumstance beyond your of ment allowances in regard to stude pay for their education. If you be the 2025-2026 academic year pleoillege Financial Aid Office. Do not cial circumstances application.	ou, your spouse's or parent's financial situation has or their control. Vernon College has the authority to ents who have unusual and special circumstances that lieve you have special circumstances that impact your ease complete the appropriate section of this form and leave out any information or documentation as this will our request will be reviewed and a determination made entation. You must complete a 2025-2026 FAFSA ce application.
1. Please indicate b	pelow the reason you are	requesting special circumstances:
Reason Unemployme Change of e Divorce/Sep Death of Spe Disability of High Medica Other (Spec	ent mployment aration ouse Student/Spouse al/Dental Expenses ify)	Required Documentation Letter from TEC/Termination Letter Statements from all employers in 2025 Divorce Decree/Separation Statement Copy of Death Certificate/Obituary Letter from Doctor/Social Security Admin. Copy of PAID bills and cancelled checks sthat caused the income reduction.

(Attach separate sheet if necessary)

INCOME INFORMATION

Please provide annual estimates for the period January 1, 2025 to December 31, 2025.

You <u>must attach</u> statements from employers, agencies, etc. on their letterhead, indicating dates of employment, amounts paid to date in 2025 and expected income for the remainder of the year. <u>If you fail to provide these statements</u>, <u>your request will be denied</u>. (W-2 forms and check stubs are not acceptable). If you worked for more than one employer in 2025, 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.

Wages, salaries, tips Unemployment Compensation Social Security Benefits Child Support Gifts	\$ \$ \$ \$ \$	\$ \$ \$ \$	Parent(s)			
Housing/food allowance Savings/Checking Balance Bills paid by someone else Cash Received from Family/friends Other	\$ \$ \$ \$	\$				
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 S	Signature	Date			
Father's Signature	Date Mother's 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 Da	ate:		_		
Comments:				_		
Review Committee Signatures:				_		