



**FINANCIAL AID OFFICE
SPECIAL CIRCUMSTANCE FORM
2009-2010**

Please note: Prior to applying for Special Circumstance, a 2009-2010 FAFSA must be completed and received by GRCC.

This form is to be used if you, and/or your parents and/or spouse, believe you have special circumstances to be considered for the 2009-2010 academic year. To assist us in this process, please complete this form AND submit the appropriate documentation. Please note that in some instances, additional information may be required.

Special Circumstances could include (but are not limited to) the following:

- Unemployment or change in employment
- Divorce or separation
- Death of a parent or spouse
- Receipt of one-time income (pension, inheritance, etc.)
- Elementary or secondary school costs
- Medical/dental expenses

What you must submit with this form:*

- ___ 1. A brief letter of explanation with this form describing the situation you would like us to consider.
- ___ 2. Print and submit the appropriate completed 2009/2010 Verification Worksheet (dependent or independent) from the Financial Assistance section of the GRCC web site at www.grcc.edu/faforms
- ___ 3. Submit signed copies of your and your parent's or spouse's (if applicable) 2008 tax forms.
- ___ 4. Enclose documentation suggested on the backside of this form, or any other information relevant to your request.
- ___ 5. You will be notified if further information is required or a meeting with a financial aid officer is needed.

Student's Name (Please Print)

Student ID Number

Signature

Date

If change involves parent or spouse, the appropriate signature is required.

Parent Signature

Date

Spouse Signature

Date

*** Note: All required documentation is to be submitted together**

Please check below which special circumstance best fits your situation and submit the indicated documentation. If more than one instance applies to you, submit all requested documentation:

_____ **Income Change**- Before you may be considered for special consideration, you must have had this income change a minimum of 12 weeks in 2009.

- A copy of the last paycheck stub with year-to-date income amount
- If receiving unemployment, copy of the most recent unemployment check along with an explanation of the length of time benefits are expected to be received
- Statement of reason for income change (lost job, decrease/increase in hours, etc)
- Estimate of total income and benefits for calendar year 2009.

_____ **Divorce/Separation**

- Copy of divorce or separation agreement
- Copy of 2008 W-2 forms

_____ **Death of parent/spouse**

- Copy of death certificate
- Copy of 2008 W-2 forms

_____ **One-time income**

- A statement indicating reason for one-time income and supporting documentation (brokerage statement, W2, etc.) of amount received

_____ **Elementary/Secondary school costs**

- An official statement on school(s) letterhead verifying total amount paid for each child for calendar year 2008. (2009 estimated year income information is not required)

_____ **Medical/Dental Expenses**

- Copies of receipts and or billings, indicating out of pocket expenses NOT covered by insurance. (2009 estimated year income information is not required)

_____ **Other (explain)**

If you have any questions, please feel free to contact us at (616) 234-4030.

Student Name: _____ Student ID# _____

Complete this page only if you are applying for special consideration due to: loss of income, divorce/ separation, or death of a parent or spouse.

2009 ESTIMATED YEAR INFORMATION *			
ANTICIPATED INCOME FOR 1/1/09 - 12/31/09	ACTUAL 1/1/09 - TODAY	ESTIMATED TODAY - 12/31/09	TOTAL
Father's wages, salaries, tips	\$ _____	\$ _____	\$ _____
Mother's wages, salaries, tips	\$ _____	\$ _____	\$ _____
Student's wages, salaries, tips	\$ _____	\$ _____	\$ _____
Spouse's wages, salaries, tips	\$ _____	\$ _____	\$ _____
Other taxable Income: (unemployment, severance)	\$ _____	\$ _____	\$ _____
Other non taxable income & benefits: (child support, untaxed pension)	\$ _____	\$ _____	\$ _____
Total Anticipated Income for 2009	\$ _____	\$ _____	\$ _____

*Parent(s) – Should complete this form if parent data was provided on 2009-10 FAFSA.

*Student (& spouse) – Should complete this form only if parent data was not provided on the 2009-10 FAFSA

Do not leave any lines blank. If your answer is zero, enter "0".

By signing below, I certify that all information on this form is true and complete to the best of my knowledge. I understand I may have to provide additional documentation to clarify this information

Student Signature Date

Parent signature Date