



2019-2020 Request for Special Consideration

Return this form to:
Mail: HCC Financial Aid
606 West Main
Highland KS, 66035
Email: financialaid@highlandcc.edu
Fax: 785-442-6106

Student Information

Student Last Name First Name M.I. Student ID Number
Address Apt City
State Zip Cell Phone Email

Special consideration may be available if you, your spouse's and/or your parents' (if dependent) current financial situation is not accurately reflected by 2017 tax information.

To request consideration of your circumstances, complete this form (both sides) and make copies of documentation.
**Verification must always be completed prior to any request for special consideration. **

Check all circumstances you would like considered:

- Loss of Employment as of
Change in Employment as of
Loss of Taxed or Untaxed Income or Benefit
One-Time Income
Unusual, Unreimbursed Medical/Dental Expenses Exceeding 10% of income.
Tuition Expenses for Private Elementary or Secondary Education.
Nursing Home Expenses
Separation, Divorce or Death
Other:

Independent Students:

If you are divorced, separated or the loss of income was due to the death of your spouse, give only your information.

Dependent Students:

If your parents are divorced or separated, give only your information and the information of the custodial parent. (Include the income of the custodial parent's spouse, if remarried.) If the loss of income was due to the death of a parent, give only your information and the information of the surviving parent.

Income Source	Actual	Estimated	Total
January 1, 2019- December 31, 2019	Jan. 1, 2019 To Today	Today to Dec. 31, 2019	Actual & Estimated
Income Earned from Work by Student (wages, salary, tips)			
Income Earned from Work by Spouse or Parent(s) (wages, salary, tips)			
Other Taxable Income (Unemployment, alimony, etc.)			
Child Support Received			
Workers Compensation			
Short or Long Term Disability Benefits			
Severance Pay			
Withdrawal from Retirement Accounts			
Other Income (Pension, annuity, housing allowance, bonuses, etc.)			
Totals			

To the best of my knowledge, the information in this request is true and accurate. I understand that misrepresentation of facts may be sufficient cause for cancellation and repayment of financial aid.

Typed signatures will not be accepted.

Student Signature

Date

Parent/Step-Parent Signature (if dependent)

Date