



2021-2022 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 2019 tax information. If your income will be significantly less in 2021, the Financial Aid Office may be able to adjust the income used to calculate the financial need.

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 _____
 - Attach a copy of last pay stub from all jobs and separation papers or a letter from previous employer(s).
 - Attach documentation of Unemployment Benefits.
 - After January 1, 2021, copies of 2020 federal taxes and/or W-2 forms may be required.
- Change in Employment as of _____
 - Attach copies of last pay stub(s) and letter from employer(s) documenting the change.
 - After January 1, 2021, copies of 2020 federal taxes or and/or W-2 forms may be required.
- Loss of Taxed or Untaxed Income or Benefit
 - Attach copy of letter from agency which provided the benefit.
- One-Time Income
 - Attach copy of income documentation and a written explanation of how it was used.
- Unusual, Unreimbursed Medical/Dental Expenses Exceeding 10% of income.
 - Attach a copy of receipts or letter from healthcare provider detailing amount you paid.
- Tuition Expenses for Private Elementary or Secondary Education.
 - Attach a copy of contract including names of children, tuition cost and scholarships received.
- Nursing Home Expenses
 - Attach copy of nursing home contract or bill showing amount paid by you.
- Separation, Divorce or Death
 - Attach a copy of the divorce decree or death certificate.
- Other: _____
 - Attach documentation

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, 2021- December 31, 2021	Jan. 1, 2021 To Today	Today to Dec. 31, 2021	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.

Student Signature

Date

Parent/Step-Parent Signature (if dependent)

Date