



2023-2024 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
Phone: 785-442-6000 ext. 2002

Student Information

Student Last Name _____ First Name _____ M.I. _____ Student ID Number _____

Date of Birth _____ Telephone Number _____ E-Mail Address _____

Address _____

City _____ State _____ Zip _____

Special consideration may be available if you, your spouse's and/or your parents' (if you're a dependent) current financial situation is not accurately reflected by 2021 tax information. If your income was significantly less in 2022 or will be significantly less in 2023, the Financial Aid Office may be able to adjust the income used to calculate your financial need.

To request consideration of your circumstances, complete this form and send copies of documentation.
 **If you are selected for verification, it must 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, 2024, copies of 2022 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, 2024, copies of 2022 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, 2023- December 31, 2023	Jan. 1, 2023 To Today	Today to Dec. 31, 2023	Actual & Estimated
Income Earned from Work by Student (Gross/Before Tax: Wages, Salary, Tips)			
Income Earned from Work by Spouse or Parent(s) (Gross/Before Tax Wages, Salary, Tips)			
Other Taxable Income (Interest Earned, Unemployment, Alimony, etc.)			
Child Support Received			
Workers Compensation			
Short- or Long-Term Disability Benefits			
Severance Pay			
Withdrawals from Retirement or Pension Accounts			
Other Income (annuity, housing allowance, bonuses, cash payments on your behalf)			
Veteran Non-education benefits (Disability, Death, Pension, DIC, VA Work Study allowances)			
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

Signatures must be handwritten; digital signatures not accepted.