



2024-2025 Special Financial Circumstances Appeal

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 2022 tax information. If your income was significantly less in 2023 or will be significantly less in 2024, 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 special circumstances appeal. \*\*

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
Change in Marital Status: Separation, Divorce or Death
Child or dependent care expenses
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.

Enter the year for the income information you are providing: 2023 or 2024

<b>Income Source</b>	<b>Actual</b>	<b>Estimated</b>	<b>Total</b>
January 1, 202__ - December 31, 202__	Jan. 1, 202__ To Today	Today to Dec. 31, 202__	Actual & Estimated
Income Earned from Work by <b>Student</b> (Gross/Before Tax: Wages, Salary, Tips)			
Income Earned from Work by <b>Spouse or Parent(s)</b> (Gross/Before Tax Wages, Salary, Tips)			
Other Taxable Income (Interest Earned, Unemployment)			
Severance Pay			
Withdrawals from Retirement or Pension Accounts			
Other Income Please describe: _____			
<b>Totals</b>			

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's Handwritten Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Handwritten Signature (if dependent)

\_\_\_\_\_  
Date

Signatures must be handwritten; digital signatures not accepted.