HIGHLAND COMMUNITY COLLEGE

2025-2026 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 2023 tax information. If your income was significantly less in 2024 or will be significantly less in 2025, 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 _____
- 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, 2026, copies of 2025 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, 2026, copies of 2025 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.

☐ Change in Marital Status: Separation, Divorce or Death
- Attach a copy of the separation or divorce decree or death certificate.

☐ Child or dependent care expenses
- Attach a copy of receipts or payments.

☐ 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.

Enter the year for the income information you are providing: 2024 or 2025

Income Source	**Actual**	**Estimated**	**Total**
January 1, 202__- December 31, 202__	Jan. 1, 202__ To Today	Today to Dec. 31, 202__	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)			
Severance Pay			
Withdrawals from Retirement or Pension Accounts			
Other Income Please describe:_____			
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's Handwritten Signature Date

_____ _____
Parent's Handwritten Signature (if dependent) Date

Signatures must be handwritten; digital signatures not accepted.