



2026 – 2027: Special Consideration(s) Request Form

FOR OFFICE USE ONLY

STAMP HERE

CAMPUS: INITIAL: _____

C D E OM

Financial Aid Office
SPCON2

Student Name _____

CCBC ID _____

A. Please select the reason(s) for your special consideration(s) request. Please provide all requested documentation for each situation and a personal letter of explanation detailing the reason for request.

✓	Reason/Circumstance	📎 Documentation Required 📎
	➤ Decrease (of at least 20%) in student/spouse/parent income from employment compared to 2024	<ul style="list-style-type: none"> • Verification of final date of employment from previous employer (dated resignation or termination letter) • Final pay stub received from previous employer (listing YTD income) • Any copies of severance compensation, if applicable • Unemployment compensation information received • If you are submitting this form AFTER January 1, 2027, please include a copy of your 2026 tax return, along with any schedules, if applicable, once they have been completed. <p style="text-align: center;">If currently re-employed at a new job, submit all of the above <i>PLUS</i>:</p> <ul style="list-style-type: none"> • Three most recent pay stubs received from current employer (listing YTD income)
	➤ Change in marital status after FAFSA filing (divorce, separation, etc.)	<ul style="list-style-type: none"> • Copy of divorce or separation agreement OR proof of separate living arrangements (e.g. two bills in each name at different addresses, i.e. BGE, rental agreement, cell phone, etc.) • Copy of Marriage Certificate • Copies of all 2024 W-2(s) or both 2024 Wage and Income Transcript(s) obtained from the IRS
	➤ Death of a spouse/parent	<ul style="list-style-type: none"> • Copy of the death certificate • Copies of parents' 2024 W-2(s)
	➤ Disability of student or spouse/parent(s)	<ul style="list-style-type: none"> • Doctor's statement detailing length and type of disability • Disability income information, if available
	➤ Unusual medical expenses	<ul style="list-style-type: none"> • Documentation of all out-of-pocket medical expenses (i.e. not covered by insurance)
	➤ One-time income (Inheritance, moving expense allowance, back-year SS payments, or IRA/pension distribution)	<ul style="list-style-type: none"> • Statement from source (on official letterhead) reporting that this is a one-time payment or other documentation describing the reasons for a one-time hardship withdrawal • Dated letter of termination (if applicable)
	➤ Loss of child support	<ul style="list-style-type: none"> • Dated letter of termination of benefit(s) on letterhead
	➤ Other special circumstances not indicated above.	<ul style="list-style-type: none"> • Provide appropriate documentation





STUDENT NAME: _____ CCBC ID: _____

B. Please provide additional detail regarding your request:

1) <i>Who did this change happen to?</i>	<input type="checkbox"/> Myself (CCBC student) <input type="checkbox"/> Parent(s) or Stepparent <input type="checkbox"/> Student's Spouse
2) <i>When did this change occur (estimate if necessary)?</i>	DATE:

C. Please provide a written explanation detailing the reason for your request:

Student's Signature

Date

Parent's Signature (**Dependent students ONLY**)

Date

Warning: Each person signing this worksheet certifies all the information reported is complete and accurate. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Please NOTE: This form may require a request for additional information, please check your **SIMON** account for updates. If all required documentation is not received within 60 days, the special consideration request will be cancelled. Please allow at least 2-3 weeks after ALL documents are submitted for review.