CCBC

ATTN: FTP	CCBC: Dundalk Campus Financial Aid Office 7200 Sollers Point Road Baltimore, MD 21222	https://tinyurl.com/yrf5h54d FAX: 410-840-2824

DO **NOT** CALL TO CONFIRM RECEIPT!
Allow 24-48 business hours for login, then view status of all forms online via SIMON account (https://simon.ccbcmd.edu)

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CAMPUS: INITIAL: _____

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**Financial Aid Office
SPCON2**

2024 – 2025: Special Consideration(s) Request Form

_____   _____
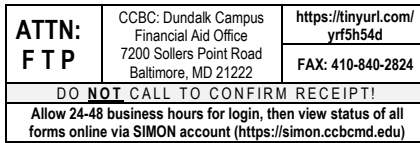Student Name   CCBC ID

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 since 2022	• Signed and dated copies of <u>2023</u> federal tax return (1040) filed with IRS (including all schedules)
		   ➢ If not required to file taxes in <u>2023</u>, please submit copies of all W-2(s) for <u>2023</u> or a <u>2023</u> Wage and Income Transcript(s) obtained from the IRS (www.irs.gov)
		• Statement documenting retirement benefits for <u>2023</u>
		• Unemployment compensation information
		• If income has decreased after January 1, 2024, please also provide:
		  a. Dated letter from employer documenting status (full time/part time or unemployed)
		  b. Verification of final date of employment from previous employer (or termination letter) along with final pay stub received from previous employer, and three most recent pay stubs from new employer
		  c. Final pay stub from previous employer along with termination letter if parent, student or spouse has not yet found new employment
		  d. Copies of any severance compensation
		! If you are submitting this request after January 1, 2025, please submit all above listed information for the tax year of <u>2024.</u>

	➢ Change in marital status (divorce, separation, etc.)	• 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 <u>2023</u> W-2(s) or both <u>2023</u> Wage and Income Transcript(s) obtained from the IRS
	➢ Death of a spouse/parent	• Copy of the death certificate • Copies of parents' <u>2022</u> W-2(s)
	➢ Disability of student or spouse/parent(s)	• Doctor's statement detailing length and type of disability • Disability income information, if available
	➢ Unusual medical expenses	• 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)	• 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	• Dated letter of termination of benefit(s) on letterhead
	➢ Other special circumstances not indicated above.	• Provide appropriate documentation

-OVER-

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STUDENT NAME: _____ CCBC ID: _____

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

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_____   _____
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 2-3 weeks after ALL documents are submitted for review.