

2026-2027 Special or Unusual Circumstances Adjustment Request

Occasionally, students have special or unusual circumstances which may warrant reconsideration of financial aid eligibility. Please check any and all boxes below which apply to your particular situation. **This form and all accompanying documentation must be submitted to the GLCC Financial Aid office by March 31, 2027 for the 2026-2027 academic year. Forms submitted after that date, or after the student ceases to be enrolled, will not be considered.**

All Requests must include the following additional documentation:

- 1) A signed letter explaining the Special or Unusual Circumstance(s)
- 2) Signed 2025 IRS Federal Tax Returns (Including any applicable schedules)

Special or Unusual Circumstance	Dependent Student	Independent Student	Additional Required Documentation
<input type="checkbox"/> Loss of Income from Employment	You and/or your parent(s)' current income is substantially less than what it was in 2024.	You and/or your spouse's current income is substantially less than what it was in 2024.	*Last pay stub showing YTD earnings *Unemployment Benefits Letter (if applicable)
<input type="checkbox"/> Other Loss of Income	You and/or your parent(s) received benefits in 2024 which have since ceased or been reduced.	You and/or your spouse received benefits in 2024 which have since ceased or been reduced.	*Original benefit or court statement listing total annual amount received *Revised benefit or court statement listing updated amount and effective date
<input type="checkbox"/> Separation or Divorce	Your parents separated or divorced after your FAFSA was filed.	You and your spouse separated or divorced after your FAFSA was filed.	*Divorce decree, separation agreement, or proof of separate addresses
<input type="checkbox"/> Death of a Parent or Spouse	Your parent(s) died after your FAFSA was filed.	Your spouse died after your FAFSA was filed.	*Death certificate
<input type="checkbox"/> One-Time Payment Received	You or your parent(s) received a one-time lump sum payment in 2024.	You and/or your spouse received a one-time lump sum payment in 2024.	*Documents detailing one-time payment amount, source, and reason
<input type="checkbox"/> Unusually High Medical Expenses	Your parent(s) had out-of-pocket medical expenses exceeding 11% of their 2024 Adjusted Gross Income.	You and/or your spouse had out-of-pocket medical expenses exceeding 11% of your 2024 Adjusted Gross Income.	*Receipts or other documents demonstrating 2024 out-of-pocket medical expenses (not "Explanation of Benefits" statements)
<input type="checkbox"/> Private Elementary or Secondary School Tuition	One or more of your parent(s)' other children attend a private elementary or secondary school (not college)	One or more of your children attend a private elementary or secondary school (not college)	*Invoice for the 2026-2027 academic year net cost after all scholarships and grants are applied
<input type="checkbox"/> Other	(Explain in the letter accompanying this form)	(Explain in the letter accompanying this form)	*To be determined on a case-by-case basis

(See Reverse Side)

Please note the GLCC financial aid office does not consider the following conditions as qualifying special or unusual circumstances:

- 1) Lottery or gambling winnings or losses
- 2) Payments on back taxes owed to the IRS
- 3) One-time income used for non-essential items (e.g. a family vacation)
- 4) Consumer debt (e.g. credit cards)

I/We understand that making this request does not guarantee an approval of the request.

I/We understand that in some circumstances, an approval of the request will not result in additional financial aid (such as if a student is already receiving a maximum Pell grant).

I/We understand that GLCC Financial Aid office may request further documentation before making a determination.

I/We understand that the GLCC Financial Aid office will provide notification of this request's approval, denial, or need for further documentation within 21 days of receiving this form and required documentation.

I/We certify that all of the information reported on this form and any attached documentation is true to the best of our knowledge. We understand that purposely providing false or misleading information may result in a fine and/or imprisonment.

Student Name: _____

Student Signature: _____

Date: _____

For Dependent Students only

Parent Signature: _____

Date: _____

For Married Independent Students only

Spouse Signature: _____

Date: _____