

**OKLAHOMA CITY COMMUNITY COLLEGE
FINANCIAL AID OFFICE
POLICY AND PROCEDURES FOR PROCESSING
REQUEST FOR
SPECIAL CONSIDERATION
2008-2009
ACADEMIC YEAR**

Name: _____ SS# _____

The Financial Aid Office has the authority to make professional judgement decisions in regard to students who have unusual and special circumstances that could affect the student's ability to pay for educational expenses Higher Education Act (HEA) Section 479A (a). After your FAFSA for the year is on file with Financial Aid, if you feel you meet any of these categories or have other unusual conditions, you may complete this request, attach all supporting documentation, and submit to Financial Aid.

EACH REQUEST MUST BE SUBMITTED WITH APPROPRIATE DOCUMENTATION. DOCUMENTATION MUST CLEARLY DEFEND OR SUPPORT REASONS FOR REQUESTING A SPECIAL CONSIDERATION. THE REQUEST WILL BE AUTOMATICALLY DENIED IF SUBMITTED WITHOUT DOCUMENTATION. ALL DOCUMENTS BECOME PROPERTY OF OKLAHOMA CITY COMMUNITY COLLEGE AND CANNOT BE RETURNED. PLEASE KEEP COPIES FOR YOUR OWN RECORDS. SUBMITTING THIS REQUEST DOES NOT GUARANTEE APPROVAL ONLY A REVIEW OF YOUR CIRCUMSTANCES. ADDITIONAL DOCUMENTATION MAY BE REQUESTED. CHECK ALL THAT APPLY BELOW.

1. Income Reduction in 2008 (loss or reduction of job or benefits) Documentation Required: copy of last pay stub(s) from employer(s) of wages earned in the previous calendar year and a letter(s) from employer or previous employer that clearly explains your situation. After January 1, 2009 a copy of your 2008 tax return or W-2(s) is required.
2. Medical/Dental Expenses Not Covered by Insurance. Documentation Required: Schedule A from your most recent tax Return. The Financial Aid Counselor may ask for receipts of all medical and dental payments you have made.
3. Extended Family Support Costs. Documentation Required: receipts or billing statements for individuals being provided more than 50% of extended family support costs.
4. Unusual Debts (Mortgage, Failed Business, Legal or Personal Debts). Documentation Required: contract, mortgage, or lien; billing or payment summary from person, company, or agency to which money is owed. You must document actual payment of these debts.
5. Separation/Divorce or Death of Immediate Family Members (which occurs after original FAFSA filing). Documentation Required: separation statement or divorce papers, death certificate, or notice.
6. Costs of Attendance due to special requirements of your courses: computer, software, equipment etc.

A. Briefly explain your circumstances and the reason(s) why you are requesting a special consideration. If needed attach an additional page.

INCOMPLETE INFORMATION MAY RESULT IN DENIAL

COMPLETE REVERSE SIDE OF THIS PAGE

ATTACH A COPY OF EACH OF YOUR FEDERAL INCOME TAX FORMS FOR THE PAST YEAR FOR YOU AND YOUR SPOUSE OR PARENTS OF DEPENDENT STUDENTS. PLEASE PROVIDE ALL SOURCES OF INCOME AND/OR ASSISTANCE.

| <u>Type</u> | <u>Source</u> | <u>Actual Income Amount for 2007 Calendar Year</u> | <u>Estimated Income Amount for 2008 Calendar Year</u> |
|--------------------|---------------|--|---|
| Earnings From Work | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| Totals | | _____ | _____ |

Benefits (Social Security, Retirement, IRA, VA Education Benefits, Tanf, separation pay from the military, other):

| | | | |
|--------|-------|-------|-------|
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| Totals | | _____ | _____ |

Non-Cash Support (such as housing assistance, food-stamps, AFDC, other):

| | | | |
|--------|-------|-------|-------|
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| Totals | | _____ | _____ |

Savings and Other Assets (including child support or support from family members or friends paid to you):

| | | | |
|--------|-------|-------|-------|
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| Totals | | _____ | _____ |

I certify that the above information is correct (provide all appropriate signatures).

Student's Signature Date Spouse's Signature Date

Father's Signature Date Mother's Signature Date

OFFICE USE ONLY:

Action Taken: Approved Disapproved Date: _____

Comments: _____

Signature: _____ Title: _____