

and spouse (if applicable).

Southeastern Illinois College Financial Aid Office 3575 College Rd. Harrisburg, IL 62946 Phone: (618) 252-5400 Fax: (618) 252-3062

2024-2025 Special Circumstances Student

Complete this form **AFTER** receiving the **2024-2025** Student Aid Report. If you have been chosen for verification, that process must be completed **BEFORE** this Special Circumstance appeal is considered. **ALL DOCUMENTATION REQUESTED** must be delivered to the address above. Failure to supply documentation will delay your appeal. Appeals are reviewed weekly. You will be notified in writing of the decision. This form **MUST** be completed, signed and dated by the student. *If submitting after December 31, 2024, submit 2024 W-2 Wage and 2024 U.S. Federal Tax Return.*

Email: fao@sic.edu

Section A- Student Information (Please print clearly)

Last Name	First Name	M.I	Student ID Number	
Address			Date of Birth	
City	State	Zip Code	Phone Number	
Section B-	Financial Information			
Number of fam	ily members in 2024-2025 (include	student, student's spouse, and	dependents):	
Number of fam	ly members in college at least half-	time during 2024-2025 (include	de student):	
at current considered Provide ap • Docum termin • All fin • Docum • Proof of	employment. The decrease in incond. Date of termination/layoff or charopropriate documentation:	ne must be at least \$2,000 and nge income: from employer(s) on company lbs from any current employment benefits received/to be received, stocks/bonds, pensions, or expensions.	y letterhead specifically stating the date of tent for student and spouse. eived. other assets converted to cash.	
unemploy 20% of to Provide ap Proof of A copy	 Reduction or loss of other taxable income/benefits in 2023: Student (or spouse) has experienced loss in unemployment benefits, alimony, or other taxed income. The decrease in income must be at least \$2,000 and at least 20% of total income to be considered. Provide appropriate documentation: Proof of the amount and type of income lost. A copy of the current pay statement showing gross year to date wages from each job worked for student and spouse (if applicable). 			
veteran's : <u>Provide a</u> j	n or loss of untaxed income/benefit noneducation benefits, workers compropriate documentation: t proof of the amount and type of ur	pensation, or other untaxed in	e) has experienced loss in child support, acome.	

• Provide a copy of the current pay statement showing gross year to date wages from each job worked for student

	Separation or Divorce in 2022 or 2023: Student has already applied for financial aid, but since that time, the student and spouse have separated or divorced. Date of separation or divorce: Provide appropriate documentation:
	 A copy of the court order or if separated, provide utility bills or other acceptable mail from student and spouse showing different addresses. Proof of spousal support and/or child support received and/or anticipated in 2024.
	 Death of Spouse or Parent (if dependent) in 2023: Student has already applied for financial aid, but since that time, the student's parent or spouse has deceased. Provide appropriate documentation: A copy of the death certificate or obituary. A copy of the current pay statement showing gross year to date wages from each job worked for student. A copy of life insurance and/or survivor benefits.
	 Medical or dental expenses in 2023: Student (or spouse) paid for medical or dental expenses not covered by insurance that exceed 12% of total income. Provide appropriate documentation: A copy of Schedule A of Federal 2023 tax returns or copies of cancelled checks for 2023 and confirmation of total amount paid by insurance in 2023.
	Other catastrophic event in 2022 or 2023 not covered by this form. Provide appropriate documentation: Official reports, invoices, and receipts of expenses paid by the family not covered by insurance. A copy of the statement(s) from the insurance company of any paid or denied claims.
Sec	ction C- Additional Information (Attach documentation to support your claim)

Section D- Expected Total Income and Benefits Table

Please report your and your household's projected taxable and untaxed income for 2024, including business income, rental income, pension, 401k/IRA distributions, social security, disability, child support, spousal support, and all other types of income. Answer each line with the gross amount or "zero" if it does not apply. *This form will not be processed if incomplete*.

TAXABLE INCOME FROM WAGES	STUDENT	SPOUSE (IF
January 1, 2024-December 31, 2024		APPLICABLE)
Gross wages earned today's date		
Estimate anticipated wages		
OTHER TAXABLE INCOME		
Unemployment Compensation		
Severance, Paid Time Off, or Vacation Pay out (not included in gross wages)		
Social Security Income		
Taxable Disability Income		
Taxable Pension		
Interest/Dividend Income		
Business Income, Rents, Royalties, and/or Annuities		
Maintenance/support from spouse (if separation/divorce)		
Taxable income from 401k disbursements or other existing assets		
Other taxable income (survivor benefits, lump sum payment, etc.)		
TYPES OF UNTAXED INCOME		
Workers Compensation		
Child support Received for all members of your household		
Housing allowance for military or clergy		
Untaxed pension		
Untaxed disability income		
Other untaxed income		
TOTAL 2024 INCOME FROM ALL SOURCES		

Section E- Signatures

I certify the information on this Special Circumstances Form and documentation are t best of my knowledge. I understand my appeal will not be considered until all support	· · · · · · · · · · · · · · · · · · ·
Student signature	Date