

Tompkins Cortland Community College Financial Aid Office 170 North Street, PO Box 139 Dryden, NY 13053-0139 Phone (607) 844-6538 FAX 607) 844-6538

The Tompkins Cortland Community College financial aid office has the ability to adjust a student's cost of attendance or the data used determine a student's EFC, Expected Family Contribution.

A special circumstance can be initiated by the student or parent based on a change in situation from the reported years information. By completing the request for a special circumstance you are initiating the process. The financial aid office will contact you to request the documentation necessary for your specific situation. Once you have completed the form please submit it to the financial aid office.

The Special Circumstance is available on the Tompkins Cortland Community College web page, <u>https://www.tompkinscortland.edu/admissions/important-forms</u>, or in the financial aid office by request.

Return this form to:

Tompkins Cortland Community College Financial Aid Office P.O. Box 139, 170 North Street | Dryden, New York 13053-0139 Phone: 607.844.6580 | Toll Free: 888.567.8211 | Email: aid@tompkinscortland.edu | Fax: 607.844.6538



2022-2023 SPECIAL CIRCUMSTANCE FORM

Current Address:	Student Name	dent NameStudent ID #						
INSTRUCTIONS: Read through reasons below and check all boxes that apply to your situation. The financial aid office will be in contact with you to request any documentation needed. SPECIAL CIRCUMSTANCE (Please check the reason for your Special Circumstance Request) Reduction in income Separation or Divorce Loss of Taxable/Untaxed Income (such as child support, social security, alimony, etc.) Death of Parent or Spouse Medical/Dental Expense (expenses paid in calendar year 2020 not covered by insurance) HOUSEHOLD INFORMATION - LIST ALL MEMBERS INCLUDED IN YOUR HOUSEHOLD 1. Self 2.	Current Address:					_		
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Reduction in income Separation or Divorce Loss of Taxable/Untaxed Income (such as child support, social security, alimony, etc.) Death of Parent or Spouse Medical/Dental Expense (expenses paid in calendar year 2020 not covered by insurance) HOUSEHOLD INFORMATION - LIST ALL MEMBERS INCLUDED IN YOUR HOUSEHOLD NAME RELATIONSHIP AGE NAME OF COLLEGE (if enrolled) 1.					your situation. The financial			
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Self Tompkins Cortland Community College 2.	HOUSEHOLD INFORM	ATION – LIST ALL MEMBERS	6 INCLUDED I	N YOUR HOUSEHO	DLD			
2.	NAME	RELATIONSHIP	AGE	NAME OF COLLE	EGE (if enrolled)			
3					Community College			
	2							
4	3							
	4							
BRIEF EXPLANATION for the SPECIAL CIRCUMSTANCE REQUEST (attach a separate sheet if needed) Please print.		IN for the SPECIAL CIRCU	MSTANCE R	EQUEST (attach a	a separate sheet if needed)			

SIGNATURE:

Student's signature

Student's Spouse's signature (if applicable)

Parent's signature (if student is dependent)

Date

Date

Date

FOR OFFICE USE ONLY:

Prior Year Special Circumstance?	Yes	No	
Special Circumstance Approved:	Yes	No	Old EFC
Special Circumstance Denied:	Yes	No	New EFC
ent Letter: Approved by:			Date