

2024-2025 **SPECIAL CIRCUMSTANCES FORM**

Questions about how to complete this form? Call 217-786-2237 or 800-727-4161.

Text 217-920-1096. www.llcc.edu/financial-aid Return completed form to: LLCC Financial Aid 5250 Shepherd Road Springfield, IL 62703 financial.aid@llcc.edu Electronic forms only accepted from LLCC email addresses.

Student Information		217-786-2229 fax
STUDENT NAME (LAST, FIRST, MIDDLE INITIAL)		SSN OR STUDENT ID
ADDRESS		
CITY	STATE	ZIP
PHONE NUMBER (INCLUDE AREA CODE)		
STUDENT EMAIL		
PARENT EMAIL (IF APPLICABLE)		
Criteria		
A family's 2022 total income is used in determining eligibility for student finan	cial aid in the 2024-2025 ac	cademic year.
However, this information may not be an accurate indicator of your ability to pyear. In such cases, the 2023 or 2024 income may be utilized to assess financia	oay educational expenses ir	•
NOTE: No Special Circumstance Form will be accepted until you have filed	your 2023 and/or 2024 tax	æs.
Fall Semester: Form must be received by Oct. 4, 2024, and all documentation consideration for fall enrollment.	must be submitted no later	r than Dec. 6, 2024, for
Spring Semester: Form must be received by March 7, 2025, and all documenta 2025, for consideration for spring enrollment.	ation must be submitted no	o later than April 25,
Office Use Only		(continued)
Prior year special circumstance:	New EFC	
	nied	
Comments		
Financial aid administrator signature		DATE

Instructions

This form has four parts. Complete each section, and attach all required documents. You will be contacted at your LLCC student email if your Special Circumstance Form is incomplete or if further documentation is needed.

LLCC Financial Aid will review your appeal upon receipt of the Special Circumstance Form along with the requested documentation. Before your appeal is processed, you may receive an initial award notification based on the results of the original FAFSA data.

Part 1: Tax year to be compared to 2022 income

2023

2024

Part 2: Required information

2024-2025 FAFSA

Results from the 2024-2025 Free Application for Federal Student Aid (FAFSA) must be on file and verified with LLCC Financial Aid before a Special Circumstance Form is considered. Provide the below documentation.

2024-2025 FAFSA

2024-2025 Verification

Family Size Verification Form (select one):

Student Family Size Form (independent students) from LLCC Financial Aid

Parent Family Size Form (dependent students) from LLCC Financial Aid

Who had the change in income? (more than one can be marked)

Student

Student's Spouse

Parent(s

Provide the following for whoever had the change in income:

2022 IRS tax return transcript or signed 2022 federal tax return, including schedules 1, 2 and 3 (if applicable).

Student

Student's Spouse

Parent(s)

Signed copies of all 2022 W-2s

Student

Student's Spouse

Parent(s)

Provide the following information for the tax year being compared for whoever had the change in income (select one):

2023 – Signed 2023 federal tax return, including Schedules 1, 2 and 3 and all 2023 W-2s.

Student

Student's Spouse

Parent(s)

2024 (If turning in before Nov. 1, 2024) – Most recent pay stub(s) or unemployment benefits statement. We will not accept this until after July 1, 2024.

Student

Student's Spouse

Parent(s)

2024 (If turning in after Nov. 1, 2024, submit documents after your 2024 taxes are filed) – Signed 2024 federal tax return, including Schedules 1, 2 and 3 and all 2024 W-2s.

Student

Student's Spouse

Parent(s)

Rationale

Write a summary of your special circumstance(s).

Typed Statement

Part 3: Select your circumstance, and attach all required documentation

Loss/Change in Employment or One-Time Income Received

Documentation of any other income received in 2023 or 2024 for you/your spouse or parents; attach a copy of appropriate documentation for one-time income received

Separation/Divorce of Parents or from Spouse

Attach separation papers or agreement, divorce decree/settlement, or letter from a participating attorney or mediator stating marital status, OR, if no formal agreement is initiated, please document separate residences

Death of Parent or Spouse

Name and relationship to student (provide in typed statement) Attach copy of death certificate

Loss of Benefits

Child Support – Attach a copy of court or child service agency documents stating benefit ending date and monthly amount received

Social Security – Attach a copy of notification of loss of social security income; include benefit ending date and monthly amount received

Unemployment Benefits – Attach copy of notification of loss of unemployment income stating benefit ending date and monthly amount received.

Extraordinary Medical Expense(s) (Insurance premiums/expenses covered by insurance may **not** be included in this total.)

Copies of PAID receipts and/or cancelled checks incurred throughout either 2023 or 2024

Part 4: Certification and signature

I certify that the information provided in this form is true and complete to the best of my knowledge. If my situation changes, I am responsible for notifying LLCC Financial Aid of any estimated changes. I also agree to provide additional proof of the information given if requested by LLCC Financial Aid. I understand that if the information is incomplete or lacks the required documentation, no action will be taken.

STUDENT SIGNATURE (REQUIRED – Sign printed form.)	DATE
PARENT SIGNATURE (REQUIRED – IF DEPENDENT STUDENT – Sign printed form.)	DATE