



**FINANCIAL AID REQUEST FOR SPECIAL CIRCUMSTANCES**

Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

You have requested that the Director of Financial Aid review your file due to circumstances that will affect you and/or your family’s ability to contribute toward your cost of education. Please complete this form and submit it to the Financial Aid Office with appropriate documentation to support your request.

Please check all of the following that apply to your situation:

Change of employer

Reduction or loss of wages – copy of final recent paystub(s)/documentation of unemployment benefits  
copy of IRS tax return including all schedules and W-2s

Death, divorce or separation – copy of divorce decree or death certificate

Excessive medical expenses – For requests of out-of-pocket expenses in excess of \$2000, please submit: Schedule A from your 2019 tax return

other (please specify) \_\_\_\_\_

Please use the space provided below to explain your circumstances in detail.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

*Northeast Community College takes reasonable measures to protect your personal information in accordance with all applicable federal, state and local regulations.*

Return form to: Northeast Community College, Financial Aid Office, 801 East Benjamin Ave., POB 469 Norfolk NE 68701

**FINANCIAL AID OFFICE USE ONLY**

Special Circumstances approved: \_\_\_\_\_ Special Circumstances denied: \_\_\_\_\_

Comments:

Financial Aid Director's Signature: \_\_\_\_\_

Date: \_\_\_\_\_