Federal financial aid is based on a formula created by the U.S. Department of Education to determine a student’s Expected Family Contribution (EFC). The Free Application for Federal Student Aid (FAFSA) uses prior-prior year income information to determine EFC and eligibility for federal financial aid (grants, loans, work study). After filing the FAFSA, some students realize their EFC may not accurately reflect their current financial situation due to extenuating circumstances. The federal government allows students to request the Financial Aid Office review these extenuating circumstances to see if they warrant an adjustment of the information used to determine the student’s EFC.

For **independent** students, extenuating circumstances generally apply to the student and/or student’s spouse.

For **dependent** students, extenuating circumstances may apply to the student and/or the student’s parent(s)/guardian(s).

Circumstances that **may** warrant an adjustment include (but are not limited to):

- Loss/Change of employment
- Divorce/Separation
- Death of a Parent/Spouse
- Disability of Student/Parent/Spouse
- Loss of benefits
- Unreimbursed medical expenses
- Declared states of emergency

If you have questions about the definition of these circumstances or whether your circumstance is eligible for a Special Circumstances Review, contact the Financial Aid Office at finaid@mccc.edu.

Circumstances that **do not** warrant an adjustment include (but are not limited to):

- Parents refuse to contribute to student’s education
- Parents are unwilling to provide information on the FAFSA or for verification purposes
- Parents do not claim the student as a dependent for income tax purposes
- Student demonstrates total self-sufficiency
- Students and parents do not get along
- Student is a single parent or pregnant
- Vacation expenses
- Standard living expenses
- Mortgage payments
- Car payments
- Other discretionary expenses

A student may only submit a Special Circumstance Review if they have satisfied all verification requirements for the 2023-2024 year. To make an adjustment to a student’s financial information, the Financial Aid Office must obtain, at minimum, clear documentation of the extenuating circumstances and all financial information that will be used to make any adjustments. Each Special Circumstance Review is different, and the Financial Aid Office may request additional documents at their discretion. Failure to provide requested documentation may result in a Special Circumstance Review being denied. The decision of the Financial Aid Office regarding a Special Circumstance Review is final and may not be appealed. The submission of a Special Circumstances Review request does not guarantee approval. Approval of a Special Circumstance Review does not guarantee an increase in financial aid.
2023-2024 Financial Aid Special Circumstance Review

For students only enrolling for the Fall 2023 semester, the deadline to submit this request is December 2, 2023. For all other students, the deadline to submit this request is May 1, 2024. Review will not begin until all requested documentation has been received by the Financial Aid Office and may take up to 3-4 weeks.

Student Name_________________________________Student ID #________________________Phone # ________________________________

Please provide a description of the extenuating circumstances for which you are requesting the Special Circumstance Review (if you need more space, please continue on a separate page and attach to this form):

__________________________________________

__________________________________________

__________________________________________

__________________________________________

1. Attach the following documents unless they have already been submitted during standard verification:
   • Copy of 2021 IRS Tax Return Transcript for student and parent (if dependent student)
   • Completed 2023-23 Verification Worksheet

2. Attach copy of 2022 IRS Tax Return Transcript for student/spouse (if independent student) and parent (if dependent student)

3. Select the reason that best describes your situation, and include all requested documentation
   □ Unemployment: Person’s Name: ____________________________________________
      Relationship to Student: ____________________________________________
      • Copy of letter of termination/change of status from employer stating date and benefits received as a result of change
      • If receiving unemployment: copy of official statement of unemployment eligibility, documentation of date claim is filed/approved/ended, 2022 1099-G form (if applicable)
   □ Disability/Death: Person’s Name: ____________________________________________
      Relationship to Student: ____________________________________________
      • In the case of disability, copy of official statement of disability benefits, eligibility for worker’s compensation, or eligibility for social security benefits
      • In the case of death, copy of the death certificate or obituary
   □ Divorce/Separation: Date of divorce or separation: ____________________________
      Relationship to Student: ____________________________________________
      Name of Parent/Guardian with whom Student resides (Dependent Student only): ____________________________________________
      • In the case of divorce, copy of official divorce decree
      • In the case of separation, proof of separate addresses (gas/electric bill, signed lease, etc.)
      • When applicable, address custody, child support, alimony, etc. in written statement
   □ Other:_________________________________________________________________

All information above is true and complete to the best of my knowledge. By signing, I acknowledge I have read and understand the information on this form.

Date_________________________ Student Signature __________________________

Date_________________________ Parent Signature (Dependent Student Only) __________________________

******************************************************************************* For Office Use Only [FAC23SCR]*******************************************************************************
Approved ☐  Denied ☐  Date:_________________________  NJ Change needed? Yes ☐  No ☐

FAO Signature: ____________________________________________________________

Comments: ________________________________________________________________