Your Special Circumstances

The Financial Aid office MAY be able to adjust your data items required to determine your estimated family contribution (i.e., EFC) and your financial need if special circumstances exist that affects your ability to pay for the cost of education. Examples of special circumstances are: unusual medical and dental expenses; supporting other relatives; elementary and secondary school costs; dependent care; unusual debts; and reduction in income or benefits. If your family situation involves a special circumstance such as those described above, you may request a review of your financial status.

Required Documentation to Validate Your Request

In order for our office to consider your request for a review of your financial need status, we need additional information and documentation of your family circumstances. You must complete ALL of the attached forms thoroughly along with supporting documentation:

º Income for Parent for 2011
º 2011-12 Verification Worksheet
º 2010 Federal tax returns signed and W-2 forms

What We Can Do For You

The Financial Aid office is granted authority by Federal Law (Public Law 102-325, Sec 479(A)) "…on the basis of adequate documentation, to make adjustments on a case by case basis to the cost of attendance or the values of the data items required to calculate the expected student or parent contribution (or both) to allow for treatment of an individual eligible applicant with special circumstances. However, this authority shall not be construed to permit aid administrators to deviate from the contributions expected in the absence of special circumstances. Special circumstances shall be conditions that differentiate an individual student from a class of students…’’

SUBMIT ALL FORMS AND PERTINENT DOCUMENTATION TO THE DIRECTOR OF FINANCIAL AID.
CHANGE IN CIRCUMSTANCE REQUEST FOR FINANCIAL ELIGIBILITY

A student or family that has had a hardship or a change in their circumstances may request a review of their financial aid eligibility if they find they are unable to meet the expected family contribution as indicated on the Student Aid Report. A financial aid administrator can exercise discretion in certain areas that are not adequately addressed by the need analysis system, regulations or legislation.

Student Name: ____________________________________________
Social Security #: ___________________________ Student ID #: ___________
Address: __________________________________________________
City: ___________________________ State: _______ Zip: _______
Phone: (_____) ___________________

I AM REQUESTING A REVIEW OF MY FINANCIAL AID BECAUSE: ___________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
(Use additional sheets if necessary)

_________________________ ______________________
Signature Date

Section 479A of the Higher Education Act provides the authority for the financial aid administrator to exercise discretio in a number of areas when a student has special or unusual circumstances. The Financial Aid Administrator’s decision is final and cannot be appealed to the U.S. Department of Education.

Sussex County Community College
Director of Financial Aid
One College Hill
Newton, NJ 07860

Professional Judgment CIC Request
STATEMENT OF REDUCTION IN INCOME AND/OR BENEFITS
To be completed by the party whose financial situation is the basis for this request

Student’s Name ___________________________________________ Social Security # _______________________

Parent’s Names _______________________________________________________________________________________

INCOMPLETE FORMS WILL NOT BE REVIEWED

1. Amount received in income and/or benefits in 2010 $________________
   Note: Attach a copy of Federal tax return (1040, 1040A, 1040EZ)

Federal Income Taxes paid in 2010 $________________

Our circumstances have changed and the above earnings do not represent our ability to provide the Expected Family Contribution because (explanation of circumstances):

_____________________________________________________________________________________________________

2. Check mark the appropriate situation. Attach any documentation to verify your situation:
   □ Unemployment since ____________________________ (date)
   □ Divorce/separation since _________________________ (date)
   □ Death of spouse ________________________________ (date)
   □ Disability of student ____________________________ (date)
   □ One-time income and/or benefits received in 20___

   Type of income/benefit ___________________________ Used for _________________________________________

   __________________________________________________________________________________________

3. Amount anticipated under income and/or benefits for 2011 $________________

   PROVIDE AS ACCURATE INFORMATION AS POSSIBLE

<table>
<thead>
<tr>
<th>Type of Income/Benefits</th>
<th>Monthly Anticipated Amount</th>
<th>Yearly Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$________________</td>
<td>$____________</td>
</tr>
<tr>
<td></td>
<td>$________________</td>
<td>$____________</td>
</tr>
<tr>
<td>Total Income for 2011</td>
<td>$________________</td>
<td></td>
</tr>
<tr>
<td>Estimated Federal Income Taxes to be paid for 2011</td>
<td>$________________</td>
<td></td>
</tr>
</tbody>
</table>

I HEREBY CERTIFY THAT THE ABOVE INFORMATION CONTAINED IN THESE STATEMENTS IS TRUE AND COMPLETE.

____________________ ______________________
Parent’s Signature/Student Signature Date

Professional Judgment CIC Request