



Kaskaskia College
Financial Aid Office

(618) 545-3080 | www.kaskaskia.edu | kcfinaid@kaskaskia.edu
27210 College Road, Centralia, Illinois 62801

2026-2027

Special Circumstances Form

A family's 2024 total income is used in determining eligibility for student financial aid in the 2026-2027 academic year. However, there may be circumstances that could drastically alter a family's financial picture, and hinder the ability to assist with paying educational expenses. In such cases, the 2026 income may be utilized to assess financial need. **Results from the 2026-2027 Free Application for Federal Student Aid (FAFSA) must be on file with the Kaskaskia College Financial Aid Office before a Special Circumstance is considered.**

Student Information

Name: _____ KC ID: _____

Address: _____
Street City State Zip Code

Phone Number: _____

Parental Information (as indicated on the FAFSA)

Father/Stepfather Name: _____

Mother/Stepmother Name: _____

Parent's Address: _____
Street City State Zip Code

Parent's Phone Number: _____

Instructions:

1. Please indicate the reason(s) for your income reduction/extraordinary expenses by marking the boxes on page 2 that apply to your situation. You must complete **all applicable** sections on page 3, and attach the required documentation as indicated.
2. Write a brief summary of your special circumstance(s) and complete the signature requirements on page 4.
3. The Office of 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.

OFFICE USE ONLY

Prior Year Special Circumstance: ☐ Yes ☐ No

Special Circumstance Approved ☐

Old EFC _____ New EFC _____

Special Circumstance Denied ☐

Comments: _____

Administrator _____

Date _____

Income Reduction Reason(s): Please indicate the reason for your change request. Mark all that apply and attach the required documentation.

☐ **Loss/Change in Employment**

- Attach letter or notification from employer regarding loss of job or change in job status
- Copy of most recent paystub or statement of earnings for you/your spouse, if applicable, or both parents
- Notice of application for Unemployment benefits, specifically, the Maximum Benefit Letter detailing the amount received
- Documentation of any other income received in 2026 for you/your spouse, or both parents. Attach a copy of your 2024 and 2025 federal income tax returns, 2024 and 2025 W-2 forms, and other appropriate documentation for one-time income received
- Dependent/Independent Standard Verification Worksheet (V1)

☐ **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 and have notarized
- Attach copies of your 2024 and 2025 federal income tax returns and 2024 and 2025 W-2 forms
- Dependent/Independent Standard Verification Worksheet (V1)

☐ **Death of Parent or Spouse**

- Name and relationship to student _____
- Attach copy of death certificate
- Attach copies of your 2024 and 2025 federal income tax returns and 2024 and 2025 W-2 forms
- Dependent/Independent Standard Verification Worksheet (V1)

☐ **One-time Income**

- Provide the source, amount of income, and reason funds are not available for educational purposes in the *summary* section of this form
- Attach copy of your 2024 and 2025 federal tax returns, 2024 and 2025 W-2 forms, and other appropriate documentation for one-time income received
- Dependent/Independent Standard Verification Worksheet (V1)

☐ **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 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.
- Attach copies of your 2024 and 2025 federal income tax returns and 2024 and 2025 W-2 forms
- Dependent/Independent Standard Verification Worksheet (V1)

☐ **Other** _____

- Please indicate the reason and provide the appropriate documentation

Extraordinary Expense(s): Please indicate the expense(s) for which you are requesting consideration. Mark all that apply and attach the required documentation.

☐ **Medical/Dental** (*Insurance premiums and expenses covered by insurance may not be included in this total*)

- Attach a copy of your and/or your parents' Schedule A of the 2025 Federal Income Tax Return or copies of PAID receipts of canceled checks incurred throughout 2025 (*expense must be reduced by 11% of the AGI*)

☐ **Elementary and Secondary Tuition Payments**

- Include a signed statement, payment summary, or billing detail from the elementary or secondary school stating tuition paid or to be paid for the 2026-2027 academic year minus any waiver, discount, or financial aid.

☐ **Childcare/Daycare Payments**

- Include a signed statement, payment summary, or billing detail from childcare provider stating weekly childcare fee, amount subsidized by scholarship or State and/or Federal assistance programs, and the final weekly amount paid by the parent
- Indicate the first date your child was enrolled _____

Please provide the following household and income data.

Household Information: (Please include the Student and ALL other household members)

Name	Relationship to Student	Age	Elementary/High School/College Attending
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Income Information

List the amount of all household income that has been received or will be received **between January 1, 2026 and December 31, 2026**. You must attach the required documentation for each income source. Please refer to the list of documentation sources on page 2. Additional information may be requested on a case-by-case basis. **Please indicate \$0 in the box if a particular income or benefit does not apply.**

Income/Benefits for Jan. 1, 2026- Dec. 31, 2026	Actual Income Received (Jan 1, 2026- Today)	Anticipated Income (Today-December 31, 2026)	Total Income Received (Actual + Estimated)
Expected 2026 income earned from work by <i>Father</i> (wages, salaries, tips, net business/farm income)			
Expected 2026 income earned from work by <i>Mother</i> (wages, salaries, tips, net business/farm income)			
Expected 2026 income earned from work by <i>Student</i> (wages, salaries, tips, net business/farm income)			
Expected 2026 income earned from work by <i>Spouse</i> (wages, salaries, tips, net business/farm income)			
Unemployment Compensation Received			
Other taxable income (dividends, interest, pensions, annuities, alimony, capital gains, gambling earnings, etc) Source:			
Child Support Received			
Housing or Other Allowances (clergy, military, etc)			
Other untaxed income (earned income credit, worker's compensation, payments to IRA/Keogh, etc) Source:			
Taxable Social Security Benefits			
Veteran's Non-Educational Benefits			
Total Income for 2026	\$	\$	\$

SUMMARY

Please summarize your special circumstances below.

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal black lines running across the width of the page. The lines are thin and consistent in thickness. There are no margins, text, or other markings on the paper.

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

Student Signature

Date _____

Parent or Spouse Signature

Date _____