



Student name _____

COCC ID number _____

This form is used to request a review of your financial aid eligibility as a result of special circumstances. Submission of this request does not ensure a change or increase in your offer. Please allow up to 4 weeks for processing. You will be notified via email of the decision. Completed forms must be received by June 30, 2025.

Section 1 - Explanation of Special Circumstances

- Financial changes between 2022 and most current completed tax year.
 - Attach signed copies of the 1040 tax return and schedules and W-2s for all contributors on my FAFSA
- Unemployment benefits for current calendar year
 - Attach copy of unemployment benefits letter, final pay stub for the year (if applicable), and a signed statement of any other income (examples: disability, child support received etc.)
- One time disbursement of retirement or investment funds
 - Attach signed copy of the 2022 tax return and explanation of use of funds
- Loss or reduction in child support received
 - Attach signed copy of the 2022 tax return and explanation of use of funds
- Excessive medical or dental expenses not covered by insurance
 - Attach signed copy of the 2022 tax return and documentation of medical expenses paid in 2022 not covered by insurance
- Divorce or separation of parents (verification—fam size, 1040 and w-2s)
 - Attach signed statement of date of separation or divorce, signed copy of the 2022 tax return and W-2s and Family Size Form
- Other
 - Attach signed statement and relevant documentation of circumstances

Section 2 - Attach All Necessary Documentation

Documentation may include but is not limited to:

- Signed copy of 2022 Federal Tax Return for all contributors on the FAFSA
- Copies 2022 W-2s for all contributors on the FAFSA
- Family Size Form
- Signed statement explaining your special circumstance

All required documentation is attached

By signing this form, I certify the information reported is true and accurate. Adobe or signature type fonts cannot be accepted.

Student signature _____

Date _____

Parent signature (if dependent) _____

Date _____

Financial Aid Office
541.383.7260 • fax: 541.383.7506
2600 NW College Way, Bend, Oregon 97703
www.cocc.edu/financial-aid • e-mail: coccfinaid@cocc.edu

<i>Office use only</i>		SPC25
<input type="radio"/> Approved	<input type="radio"/> Denied	
Initial _____	Date _____	