

2025-2026 SPECIAL CIRCUMSTANCE REQUEST

Student Name: _____ **Student ID #:** _____

We recognize that the Financial Aid Application may not always portray a clear picture of a students financial situation. Although consideration for specific situations is limited, we may be able to give additional consideration for certain situations. Submitting an appeal for special circumstances does not guarantee an adjustment will be made to the students aid package. Decisions are final and will be communicated directly to the student.

SECTION A – SPECIAL CIRCUMSTANCES FOR CONSIDERATION

Please review and indicate which Special Circumstance applies to you. Documentation listed as required but not submitted along with this form will cause a delay in our ability to review your request until every required document has been received. Additional documentation that helps support your appeal, even if not listed as required, may be requested. **Once you have all the required documents, please call our office to make an appointment at (559) 442-8245. Please make sure you list your FCC Student ID number at the top of all submitted documents.**

Required Documentation:

- Explanation of Special Circumstances (see section B)
- 2023 and 2024 Federal IRS Tax Returns
- 2023 and 2024 W-2 Wage Statements

Special Circumstance	For a Dependent Student	For an Independent Student	Required Documentation <i>for student (and spouse if married) or student and parents if dependent</i>
Loss of Income	Your or your parent(s)' income earned in 2024 was less than what was earned in 2023.	Your (and your spouse's, if married) income earned in 2024 was less than what was earned in 2023.	Additional Documents: <ul style="list-style-type: none"> • Unemployment Award Letter / Denial Letter. • Last two pay stubs showing 2024 year-to-date earnings from each job. • Termination / Change of Employment notice from each employer on letterhead (date of status change must be included).
Other Loss of Income <ul style="list-style-type: none"> • Alimony • Child Support • Social Security (taxed) • Worker's Comp 	You or your parent(s) received benefits in 2023 which have ceased or been reduced in 2024. Your parent(s) paid expenses not covered by insurance and are over the expected cost of attendance.	You (and your spouse) received benefits in 2023 which have ceased or have been reduced in 2024 You (and/or your spouse) paid expenses not covered by insurance and are over the expected cost of attendance.	Additional Documents: <ul style="list-style-type: none"> • Original 2024 Benefit statement listing total amount received. • Revised 2024 Benefit statement and/or court documents listing updated amount to receive and effective date.
Marriage	You married AFTER applying for financial aid.	Not applicable.	Additional Documents: <ul style="list-style-type: none"> • Marriage Certificate. • Proof of Residence / Parent's residence (PG&E Statement/mortgage statement).
Separation / Divorce	Your parents separated or divorced AFTER applying for financial aid.	You and your spouse separated or divorced AFTER applying for financial aid.	Additional Documents: <ul style="list-style-type: none"> • Divorce Decree or separation agreement or legal court document.
Death of Parent / Spouse	A parent passed away AFTER applying for financial aid.	Your spouse passed away AFTER applying for financial aid.	Additional Documents: <ul style="list-style-type: none"> • Certified Death Certificate. • Students Birth Certificate.

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SECTION B – EXPLANATION OF SPECIAL CIRCUMSTANCES

You **must attach** a typed statement detailing the specifics of your circumstances and provide any pertinent information that will help us better understand your situation. You must include exact dates and amounts in your statement. Make sure to sign your typed statement once completed.

SECTION C – FAMILY SIZE

Full Name	Age	Relationship to Student	Name of College
		Student	Fresno City College

If more space is needed, provide a separate page with the student's name and ID number at the top.

CERTIFICATION AND SIGNATURE

Each person signing below certifies that all of the information reported is complete and correct. If requested, you agree to provide further documentation to substantiate the information provided. You understand that all special circumstances are reviewed on a case-by-case basis and this written request does not guarantee approval and/or may not ultimately result in actual change in the student's financial aid.

The student and, if applicable, one parent whose information was reported on the FAFSA must sign and date. **Warning: If you purposely give false or misleading information, you may be fined, sent to prison, or both.** Signatures must be provided in blue or black ink. Digital and/or typed signatures will not be accepted.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

THE FOLLOWING IS FOR OFFICE USE ONLY

Student/Spouse	Adjusted Gross Income: \$	Income Tax: \$
Parents	Adjusted Gross Income: \$	Income Tax: \$

Persons	Earnings	Est. Additional Financial Info	Estimated Additional Financial Type	Estimated Untaxed Income	Estimated Untaxed Income Type
Student	\$	\$	Type:	\$	Type:
Spouse	\$	\$	Type:	\$	Type:
Parent	\$	\$	Type:	\$	Type:
Other Parent	\$	\$	Type:	\$	Type:

COMMENTS: _____

APPROVED FOR: Calendar Year Fiscal Year

DENIED. Reason for denial: _____

REVIEWED BY: _____ DATE: _____