***Big Bend Special Circumstances***



**COMMUNITY COLLEGE *DEPENDENT STUDENT***

*Transforming lives through excellence in teaching* & *learning*

**STUDENT SERVICES – FINANCIAL AID**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The BBCC financial aid office staff determines eligibility for aid according to the state and federal financial aid regulations using the income and assets reported on your FAFSA or WASFA. Check the Special Circumstances that you would like us to consider when re-reviewing your application for aid.

\_\_\_\_ Student or Parent one-time income of $\_\_\_\_\_\_\_\_\_\_\_ Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain why the income is no longer available\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Loss/reduction of Student income: Date Occurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Loss/reduction of Parent income: Date Occurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Extraordinary Expenses (Documentation required):

\_\_\_\_ I have extraordinary medical/dental expenses not covered by insurance

\_\_\_\_ I have the following extenuating circumstance, in which limits my ability to assist with my own educational expenses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Separation/Divorce of Parent: Date of separation or divorce\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Death of Parent: Date of death \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List people in your family below. Include yourself, your parent(s), any siblings, and any other dependents your parents will support from July 1 through June 30 of the current academic year. If any family members are currently attending college at 6 or more credits (and not enrolled in Running Start), include the college name. If you need more space, attach a separate page.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | **Age** | **Relationship** | **College** |
|  |  | Self | Big Bend Community College |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Complete the back of this form and provide requested documentation.**

**Income Information**

**Student Financial Information Required:**

If you filed your taxes, attach copies of the following for the applicable year:

□ Signed and dated copy of 1040 tax return

□ All W2’s and 1099s

□ Unemployment records

□ Verification of disability, and other untaxed income received

If you did not/will not file taxes, attach the following for the applicable year:

□ Verification of non-filing from the IRS

□ All W2’s and 1099s

□ Signed statement or documentation for all untaxed income received

**Parent Financial Information Required:**

If your parent(s) filed taxes, attach copies of the following for the applicable year:

□ Signed and dated copy of 1040 tax return(s)

□ All W2’s and 1099s

□ Unemployment records

□ Verification of child support, disability, and other untaxed income received

If your parent(s) did not/will not file taxes, attach the following for the applicable year:

□ Verification of non-filing from IRS

□ All W2’s and 1099s

□ Signed statement or documentation for all untaxed income received  
  
**\*\*If you are required to file per IRS regulation, you must do so before applying for a special circumstance.**

**\*\*Return signed form and documentation via:**

**Email:** [**faidinfo@bigbend.edu**](mailto:faidinfo@bigbend.edu) **Fax: 1.888.820.2896  
US Mail: 7662 Chanute St. NE, Moses Lake, WA 98837**

|  |  |
| --- | --- |
| **Student** | ***Total Income***  January 1, \_\_\_\_\_\_ December 31, \_\_\_\_\_\_ |
| **Income Earned from Work** |  |
| **Unemployment** |  |
| **Other Taxed Income** |  |
| **Child Support Received** |  |
| **L & I** |  |
| **Disability** |  |
| **Other Untaxed** |  |
|  |  |
| **PARENT(S)** | ***Total Income***  January 1, \_\_\_\_\_\_ December 31, \_\_\_\_\_\_ |
| **Income Earned from Work** |  |
| Parent 1 |  |
| Parent 2 |  |
| **Unemployment** |  |
| Parent 1 |  |
| Parent 2 |  |
| **Other Taxed Income** |  |
| **Child Support Received** |  |
| **L & I** |  |
| **Disability** |  |
| **\*\*Other Untaxed** |  |

**By signing this form, I/we certify that all the information provided is true and correct.**

**Student Signature Date**

**Parent Signature Date**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* **OFFICE USE ONLY:** PJ: Approved Denied Date SAI

Reason

*Big Bend Community College does not discriminate on the basis of race, color, national origin, sex, gender, disability, or age in its programs or activities. The following departments have been designated to handle inquiries regarding the non-discrimination policies: Title IX Coordinator, Building 1400, Office 1449 at (509)793-2010 /* [*HRoffice@bigbend.edu*](mailto:HRoffice@bigbend.edu) *or Accommodation and Accessibility Services Coordinator, Building 1400, Office 1472 at (509)793-2027 /* [*aas@bigbend.edu*](mailto:aas@bigbend.edu)*.*