



Big Bend

COMMUNITY COLLEGE

Transforming lives through excellence in teaching & learning

Special Circumstances DEPENDENT STUDENT

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	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

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

Fax: 1.888.820.2896

US Mail: 7662 Chanute St. NE, Moses Lake, WA 98837

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 or Accommodation and Accessibility Services Coordinator, Building 1400, Office 1472 at (509)793-2027 / aas@bigbend.edu.