Special Condition Request Form for Financial Aid
2015-2016

The Financial Aid Office at Finger Lakes Community College realizes that students and their families experience unforeseen circumstances during an academic year. This form is designed to address the possible need for additional funding as a result of these unusual circumstances. Please be advised that the submission of this form does not guarantee any changes to your financial aid awards. Appeals will be thoroughly reviewed and the student will be notified by mail/e-mail of the decision.

Please Note: If your FAFSA has been selected for verification, you must complete the verifications process before an appeal can be considered.

We will not begin accepting this form until June 1, 2015.

Failure to submit all required documentation will result in the return of this form.

STUDENT INFORMATION (PLEASE PRINT)
Name:________________________________________  Date:___________________________
Student ID#:_________________________ Phone: (     )_____________  

Check all that apply:  
- Loss of employment
  - Letter of explanation of circumstances from student/parent
  - Last date of employment ______/_____/______
  - Copies of most recent pay stub(s) for each job held by student/parent/spouse
  - Proof of unemployment income (if any)
  - List of estimated income for 2015
- Reduction/loss of income or benefit (such as: unemployment benefits, Workers Compensation, child support, taxable social security benefits)
  - Letter of explanation of circumstances from student/parent
  - Last date of receipt of benefit/income _____/_____/______
  - List of estimated income for 2015
- Separation/divorce
  - Letter of explanation of circumstances from student/parent
  - Date of separation/divorce ______/_____/______
  - Documentation of separation/divorce or proof of separate addresses (utility bill, lease agreement, etc.)
  - List of estimated income for 2015
- Death
  - Letter of explanation of circumstances from student/parent
  - Copy of Death Certificate
  - List of estimated income for 2015
- Other
  - Letter of explanation of circumstances
  - Any supporting documentation
  - List of estimated income for 2015

Student Signature (required): ____________________________________ Date:___________________________

Parent Signature (required, if applicable): ___________________________ Date:___________________________

Return to:  
Financial Aid Office, 3325 Marvin Sands Drive, Canandaigua, NY 14424  fax: 585-394-0635