



**A. Student Information**

\_\_\_\_\_  
Student Last Name                      Student First Name                      Student M.I.                      Social Security Number

\_\_\_\_\_  
Permanent Street Address                      City                      State                      Zip Code

(    )  
Home Phone Number (include area code)

(    )  
Alternate/Cell Phone Number (include area code)

If the Special Circumstance Application indicated adjustments can be made, I authorize Robeson Community College to make these changes electronically on my behalf. Completing this form does not constitute approval of financial aid.

\_\_\_\_\_  
Student Signature                      Parent Signature (if dependent)

**B. Instructions**

Indicate all special circumstances that apply and submit all documents required for your special circumstance(s) as listed.

- Unemployment or Change of Employment Status  
    \_\_\_ Student      \_\_\_ Mother      \_\_\_ Father      \_\_\_ Spouse

Documents Required:

- Letter from previous employer (on company letterhead) stating:
  1. Last date of employment
  2. 2015 earnings up to the date of last employment
- Letter from current employer (on company letterhead) stating:
  1. Date of change in employment status (reduction of hours, wages, etc.)
  2. Reason for change in employment status
- Statement from Division of Employment Security (previously Employment Security Commission)
- Retirement pay statement for 2015 (if applicable)
- Completed Estimated Income Table for 2015 (on page two of this document)

- Divorce/Separation  
    \_\_\_ Student/Spouse      \_\_\_ Parents

Documents Required:

- A copy of divorce decree OR a letter from the attorney verifying the separation date
- 2014 W2 forms and 2014 Federal Income Tax Return for student and/or supporting parent (if dependent student).

- Death  
 \_\_\_ Mother \_\_\_ Father \_\_\_ Spouse

Documents Required:

- A copy of the death certificate
- 2014 W2 from and 2014 Federal Income Tax Return for student and/or supporting parent (if dependent student).

- Disability  
 \_\_\_ Mother \_\_\_ Father \_\_\_ Spouse

Documents Required:

- A letter from the Physician stating the date of the disability and document supporting social security disability benefits to be received in 2015 (SSDI).
- Completed Estimated Income Table for 2015 (bottom of this document).

- Loss of Benefits and/or Untaxed Income:

Documents Required:

- Documentation certifying loss of benefit or untaxed income. If child support and/or alimony, a copy of divorce decree to include settlement agreement.

- One-time Income  
 Inheritance, IRA Distribution, Back Year Social Security Payments, Capital Gain, etc.

Documents Required:

- Documentation of one-time income including amount, type of income and date of receipt
- State of how funds were utilized, invested or rolled over

**C. Estimated Income for 2015 Calendar Year**

If you are divorced or separated, include only your income information. If you parents are divorced or separated, include only your custodial parent's income information. If your custodial parent has remarried include their spouse's income information. If the loss of income is due to the death of your spouse/parent, include only your income information/surviving parent's income information. **DO NOT LEAVE BLANK.**

**01/01/2015 - 12/31/2015**

<b>Note: Write in Zero(0) if an item does not apply</b>	Father	Mother	Student	Spouse
<b>Taxable</b> Wages, Salaries, Tips				
State Unemployment Benefits				
Pensions Alimony				
Other Taxable Income (Specify Source)				
<b>Untaxable</b> Social Security Benefits				
Aid to Families with Dependent Children (AFDC)				
Child Support Received				
Other Untaxed Income Benefits				
<b>TOTAL</b> Anticipated Income				
Cash and Savings				

**D. List the People in Your Household**

**DEPENDENT STUDENTS:**

- Yourself and your parent(s) (include stepparent) even if you do not live with your parents
- Your parent's other children, even if they do not live with your parent(s), if:
  - Your parents provide more than half of their support from July 1, 2015 through June 30, 2016
  - OR
  - The children would be required to provide parental information when applying for Federal Student Aid

**INDEPENDENT STUDENTS:**

- Yourself and your spouse, if married, AND
- Your children, if you will provide more than half of their support from July 1, 2015 through June 30, 2016, AND
- Other people if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2015 through June 30, 2016

Full Name	Age	Relationship	College

*Do not mail this document to the U.S. Department of Education.  
Submit this document to the financial aid administrator at your school.*

*You should make a copy of this document for your records.*

**Robeson Community College / Financial Aid Office / PO Box 1420 Lumberton, NC 28360**

Completed form may be faxed to 910.618.5686 or emailed to [finaid@robeson.edu](mailto:finaid@robeson.edu)