



FINANCIAL AID OFFICE

CRANFORD CAMPUS
1033 Springfield Avenue
Cranford, NJ 07016
(908) 709-7137

ELIZABETH CAMPUS
12 West Jersey Street
Elizabeth, NJ 07201
(908) 965-6063

PLAINFIELD CAMPUS
232 East Second Street
Plainfield, NJ 07060
(908) 412-3571

2009-2010 Request for Consideration of Special Circumstances

Name: _____ CWID: _____
Address: _____ Day Phone: (_____) _____
City, State, Zip: _____ Evening Phone: (_____) _____

Union County College recognizes that special circumstances may arise during the 2009 calendar year that will affect you and/or your parent's ability to contribute toward your education. This request form is designed to help you document this information so that the Financial Aid Office can attempt to make adjustments to your FAFSA that will help accurately reflect your financial situation.

Check the reason (s) that best describes your situation – DOCUMENTATION IS REQUIRED!

- Unemployment/Change in work hours: Person's Name: _____
Copy (signed) of the 2008 Federal Income Tax Returns and W-2s for each person listed on the FAFSA
Copy of the letter of termination/change in status from the employer stating status date and any benefits received
Copy of official statement of unemployment eligibility if unemployed
Final or most recent paystub
Disability/Death: Name of disabled or deceased person: _____
Copy (signed) of the 2008 Federal Income Tax Returns and W-2s for each person listed on the FAFSA
Copy of the letter of termination from the employer stating termination date and any benefits received
Final or most recent paystub
In the case of disability: copy of official statement of disability benefits, eligibility for workers compensation, or eligibility for social security benefits
In the case of death: copy of the death certificate or obituary
Divorce/Separation: Date of separation or divorce: _____
Copy (signed) of the 2008 Federal Income Tax Returns and W-2s for each person listed on the FAFSA
In the case of divorce: copy of official divorce decree
In the case of separation, proof of separate addresses, and please explain the following in a letter:
Custody/child support information
Alimony information
Loss of other income: Person's Name: _____
Copy (signed) of the 2008 Federal Income Tax Returns and W-2s for each person listed on the FAFSA
Official letter explaining type of benefit loss and effective date
Proof of year to date income from that source

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____
(Required for all Dependent Students)