

Tompkins Cortland Community College Financial Aid Office 170 North Street, PO Box 139 Dryden, NY 13053-0139 Phone (607) 844-6580 FAX 607) 844-6538

The Tompkins Cortland Community College financial aid office has the ability to adjust a student's cost of attendance or the data used determine a student's EFC, Expected Family Contribution.

A special circumstance can be initiated by the student or parent based on a change in situation from the reported years information. By completing the request for a special circumstance you are initiating the process. The financial aid office will contact you to request the documentation necessary for your specific situation. Once you have completed the form please submit it to the financial aid office.

The Special Circumstance is available on the Tompkins Cortland Community College web page, <u>https://www.tompkinscortland.edu/admissions/important-forms</u>, or in the financial aid office by request.

Return this form to:

Tompkins Cortland Community College Financial Aid Office P.O. Box 139, 170 North Street | Dryden, New York 13053-0139 Phone: 607.844.6580 | Toll Free: 888.567.8211 | Email: aid@tompkinscortland.edu | Fax: 607.844.6538



2023-2024 SPECIAL CIRCUMSTANCE FORM

Student Name		Student ID #				
Current Address: _						
Phone #		Email A	ddress	@mymail.tc3.edu		
	Read through reasons below an contact with you to request any doc			your situation. The financial		
SPECIAL CIR	CUMSTANCE (Please check th	e reason fo	r your Special Ci	ircumstance Request)		
Reduction in ir	come					
Separation or I	Divorce					
Loss of Taxabl	e/Untaxed Income (such as ch	ild support,	social security,	alimony, etc.)		
 Death of Paren		•• •	•	•		
	Expense (expenses paid in ca	llendar year	2021 not covere	ed by		
	RMATION – LIST ALL MEMBERS	_		-		
<u>NAME</u>	<u>RELATIONSHIP</u>	<u>AGE</u>				
	Self			I Community College		
4						
BRIEF EXPLANA Please print.	TION for the SPECIAL CIRCUN	ISTANCE R	EQUEST (attach	a separate sheet if needed)		

SIGNATURE:

Student's signature

Student's Spouse's signature (if applicable)

Parent's signature (if student is dependent)

Date

Date

Date

FOR OFFICE USE ONLY:

Prior Year Special Circumstance?	Yes	No	
Special Circumstance Approved:	Yes	No	Old EFC
Special Circumstance Denied:	Yes	No	New EFC
Sent Letter:	Approved by:		Date