



Financial Aid Office

505 Amherst Street Nashua, NH 03063

Office hours M-Th: 8:00am-6:00pm Fri: 8:00am-4:30pm
Tel: (603) 578-8903 Fax: (603) 883-1636

2017-2018 Request for Consideration of Special Circumstances

A student may request consideration for special circumstances if he/she has a situation that is unusual and not common to all, for example, loss of income or exceptionally high medical costs. In order to process the request, we will need to confirm the income information for 2015 prior to reviewing the request for consideration of special circumstances. We may need further information from you as well so please see financial aid prior to submitting documentation.

DEPENDENT STUDENTS

- Provide a detailed statement from you, the student, outlining your circumstances.
2017-2018 NCC Verification Worksheet
Provide a copy of your parent's and your 2015 Federal Income Tax Transcript
If you or your parent did not file a federal tax return then provide the 2015 W2 form(s)

If the circumstances involve a student or parent losing employment, please provide the following for the person who lost employment:

- Copy of severance package (if severance was received)
Copy of last paystub for the lost job
Copy of last four (4) paystub for any other job
Copy of unemployment benefits received

If the circumstances involve loss of child support, please provide documentation showing when child support ended and amount received.

INDEPENDENT STUDENTS

- Provide a detailed statement from you, the student, outlining the special circumstances.
2017-2018 NCC Verification Worksheet
Provide a copy of your (and your spouse, if applicable) 2015 Federal Income Tax Transcript
if you (or your spouse, if applicable) did not file a federal tax return then provide your 2015 W2 form(s)

If the circumstances involve a student (or spouse) losing employment, please provide the following for the person who lost employment:

- Copy of severance package (if severance was received)
Copy of last paystub for the lost job
Copy of last four (4) paystub for any other job
Copy of unemployment benefits received

If the circumstances involve loss of child support, please provide documentation showing when child support ended and amount received.

By signing I/we certify that all of the information I/we provided is true and complete to the best of my/our knowledge and I/we agree, if asked, to provide information that will verify the accuracy of this completed form.

STUDENT NAME: _____

ID: _____

STUDENT SIGNATURE: _____

DATE: _____

PARENT SIGNATURE: _____

(If Dependent Student)

DATE: _____