2016 – 2017: Special Consideration(s) Request Form

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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>CCBC ID</th>
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Please select the reason for your special consideration(s) request. Please provide all requested documentation for each situation and a personal letter of explanation detailing the reason for request.

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<th>✓</th>
<th>Reason/Circumstance</th>
<th>Documentation Required</th>
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|   | Unemployment or change in employment resulting in a substantial reduction of income | Dated letter of termination (if applicable)  
    Unemployment compensation information  
    Current or last pay stub(s) for student and student’s spouse/parent(s) |
|   | Divorce or Separation | Copy of divorce or separation agreement OR proof of separate living arrangements (2 bills in each name at different addresses, i.e. BGE, rental agreement, cell phone, etc.)  
    Copies of all 2015 W-2 Wage Transcript |
|   | Death of a spouse/parent | Copy of the death certificate  
    Copies of parents’ 2015 W-2 Wage Transcript |
|   | Disability of student or spouse/parent(s) | Doctor’s statement detailing length and type of disability  
    Disability income information if available |
|   | Unusual medical expenses | Copies of all medical expenses paid out-of-pocket (not covered by insurance) on 2015 federal tax return |
|   | One-time income (Inheritance, moving expense allowance, back-year SS payments, or IRA/pension distribution) | Statement from source (on official letterhead) this is a one-time payment or other documentation describing reasons for hardship withdrawal  
    Dated letter of termination (if applicable) |
|   | Loss of child support | Dated letter of termination of benefit(s) on letterhead |
|   | Other special circumstances not indicated above. | Provide appropriate documentation |

You must attach a personal letter explaining in detail the reason for your request.

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Student’s Signature ___________________________  Date ___________________________

Parent’s Signature (Dependent students ONLY) ___________________________  Date ___________________________

Warning: Each person signing this worksheet certifies all the information reported is complete and accurate. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.