



2025-26 SPECIAL CIRCUMSTANCES FORM

When your financial aid was determined for the 2025-2026 award year, it was based on the information you provided on the Free Application for Federal Student Aid ([FAFSA](#)) or Washington Application for State Financial Aid ([WASFA](#)) for calendar year 2023. Unfortunately, families sometimes experience extenuating circumstances that affect their household financial situation. Some of these circumstances have a direct effect on the family's ability to pay towards the student's education. The Financial Aid Office will re-evaluate your financial aid eligibility only after receiving all requested and required documentation. The Financial Aid Office may use professional judgment, as long as it is within the intent of the law. Your request will be given careful consideration and will extend the processing time. **NOTE:** The Financial Aid Office is **NOT** required to adjust awards.

STUDENT INFORMATION

Last Name:	First Name:
Student ID #:	Email:

Complete this form and attach all required documents. Be sure to sign it – **AND** – have your parent sign it if you are a Dependent student as determined by the FAFSA or WASFA.

STEP 1: FAMILY SIZE AND NUMBER IN COLLEGE

DEPENDENT STUDENT = A student required to provide parental information on the FAFSA or WASFA.	INDEPENDENT STUDENT = A student NOT required to provide parental information on the FAFSA or WASFA.
Dependent students should list the people in your parent(s)' family including: - You (the student). - Your parents, even if they are unmarried, as long as they live together. - Your parents, including a stepparent, even if you are not living with them. Exclude a parent who has died or is not living in the household because of separation or divorce. Include a parent who is on active duty in the U.S. Armed Forces apart from the family. - Your siblings if ALL of the following are true: - They live with your parents (or live apart because of college enrollment). - They receive more than half of their support from your parents. - They will continue to receive more than half their support from your parents during the award year. - Other people if ALL of the following are true: - They live with your parents. - They receive more than half of their support from your parents. - They will continue to receive more than half their support from your parents from July 1, 2025, through June 30, 2026.	Independent students should list the people in your family including: - You (the student). - Your spouse, if applicable. - Your dependent children if ALL of the following are true: - They live with you (or live apart because of college enrollment). - They receive more than half of their support from you. - They will continue to receive more than half their support from you during the award year. - Other persons if ALL of the following are true: - They live with you. - They receive more than half of their support from you. - They will continue to receive more than half their support from you during the award year.

The provided criteria for "dependent children" or "other persons" align with the requirement that family size align with whom the parent could claim as a dependent on a U.S. tax return if the parent were to file a U.S. tax return at the time of completing the 2025-2026 FAFSA. As a result, the parent should **NOT** include any unborn children in the family size.

Full Name	Age	Relationship to Student?	Attending College/University? (If yes, add full name of school below)	Will be enrolled at least half-time?
		<i>Self/Student</i>	<i>Lower Columbia College</i>	Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No

NOTE: If more space is needed, provide an additional completed page.



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STUDENT INFORMATION

Student Name:

Student ID #:

STEP 2: LETTER OF EXPLANATION REGARDING LOSS OF INCOME

If you (or your spouse if applicable) **AND** your parents (if a Dependent student) held a job during all or part of 2025 or 2026 or are not currently working, please provide the documents listed below.

- ☐ Include your full name and student ID# on the **Letter of Explanation**.
 - Be **specific** and use **dates** to describe the current employment status for **each person** affected: you (and your spouse if applicable) – **OR** – you and your parent's (if you are a dependent student). Include whether the employment will continue for **each person** and/or when the employment ended for **each person**.
 - If there is a reduction in employment hours but not a total loss of hours, include the estimated number of hours the person will work per week and the current hourly pay rate.
 - Include information about all sources of income you currently have, will have, or expect to have over the next 12 months and include anticipated monthly income amounts for **each source** for **each person**, you (and your spouse if applicable) – **OR** – you and your parent's (if you are a dependent student).
- ☐ Copy of current income documents for **each person**, you (and your spouse if applicable) – **OR** – you and your parent's (if you are a dependent student).
 - **Examples of Acceptable Documents:** Employment pay stubs or unemployment letter less than 90 days old. If self-employed, provide a statement of income less business expenses for the month.

Attach Required Documents



Attach Required Documents



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NOTE: Additional places to attach required documents is provided on the bottom of Page 3 if needed.

STEP 3: ADDITIONAL INCOME INFORMATION

You (and your spouse if applicable) – **OR** – you and your parent's (if you are a dependent student) must list all current income. Both student and parent(s) (if applicable) must complete **EACH** box in this step.

Student	Spouse		Parent 1	Parent 2 / Step-Parent
Monthly Amount	Monthly Amount	Answer \$0 if a source of income does not apply to you.	Monthly Amount	Monthly Amount
		Taxable college grant and scholarship aid and will be reported to the IRS in your adjusted gross income. Includes AmeriCorps benefits (awards, living allowances, and interest accrual payments), or grant and scholarship portions of fellowships and assistantships.		
		Payments you will make to a tax-deferred pension or retirement savings plans (paid directly or withheld from earnings), including, but not limited to amounts reported on the W-2 forms in Boxes 12a through 12d codes D, E, F, G, H, and S. Don't include amounts reported in code DD (employer contributions toward employee health benefits).		
		IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans.		
		Child support received for any of your children. Don't include foster care or adoption payments.		
		Tax exempt interest.		
		Untaxed portion of IRA distribution, if you will take a distribution from an IRA account. Don't include a rollover.		
		Untaxed portion of a pension, if you will take a distribution from a pension. Don't include a rollover.		
		Total current cash, savings, and checking		



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STUDENT INFORMATION

Student Name:

Student ID #:

STEP 4: BUSINESS INCOME

Do you (or your spouse if applicable) **OR** your parents (if a Dependent student) own a business?

- ☐ Yes – I am attaching a copy of my most recent profit and loss statement, showing the business' current net worth.
- ☐ No – I do not own a business. (No additional documents are needed)

Attach Required Documents



STEP 5: WORK-STUDY INCOME

Were you employed as a State Work-Study and received income from the position during 2023 or 2024?

- ☐ Yes – I am attaching a copy of my W-2(s) from 2023 and/or 2024, showing I was employed as a State Work-Study and the amount of income earned.
- ☐ No – I was not employed as a State-Work Study during 2023 or 2024. (No additional documents are needed)

Attach Required Documents



By signing this worksheet, I certify that all the information reported on this form is complete and correct.

NOTE: If you are a **Dependent** student, you – **AND** – one parent whose information was reported on the FAFSA/WASFA must sign and date.
If you are an **Independent** student, you do **NOT** need to include a parent's signature.

Student's Signature: _____ Date: _____

PARENT INFORMATION

Parent Full Name:

Email:

Parent's Signature: _____ Date: _____

Additional Required Documents:

Attach Required Documents



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Lower Columbia College does not discriminate on the basis of sex and prohibits sex discrimination in any education program or activity that it operates, as required by Title IX, including in admission and employment. Lower Columbia College provides equal opportunity in education and employment and does not discriminate on the basis of race, color, national origin, citizenship or immigration status, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, veteran or military status, or use of a trained guide dog or service animal as required by Title VI of the Civil Rights Act of 1964, Title VII of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, Sections 504 and 508 of the Rehabilitation Act of 1973, the Americans with Disabilities Act and ADA Amendment Act, the Age Discrimination Act of 1975, the Violence Against Women Reauthorization Act and Washington State's Law Against Discrimination, Chapter 49.60 RCW and their implementing regulations. All inquiries regarding compliance with Title IX, access, equal opportunity and/or grievance procedures should be directed to Vice President of Foundation, HR & Legal Affairs, 1600 Maple Street, PO Box 3010, Longview, WA 98632, title9@lowercolumbia.edu, Phone number, (360) 442-2120, Phone number/TTY (800) 833-6388. The notice of nondiscrimination is located at lowercolumbia.edu/disclosure/non-discrimination.