

2023-2024 Special Circumstance Form



CANKDESKA CIKANA
COMMUNITY COLLEGE
Spirit Lake Tribe

Student Information

Last name

First name

M.I.

Student ID# or Last Four Digits of SSN

Email address

Student Cell Phone #

This form is to assist you with requesting a review of your financial aid eligibility because of changes in financial circumstances not addressed on your original financial aid application. This change limits the ability of you and/or your parents to contribute toward your 2023-2024 educational expenses. Complete and return this form to the Financial Aid Office if you, your spouse, or a parent has incurred an unusual expense or special circumstance.

Who incurred the unusual expense or circumstance?

Student____ Spouse____ Father____ Mother____

Indicate the amount of additional funding you are requesting: \$_____

DOCUMENTATION

Supporting documentation that verifies your unusual expense or circumstance must be attached. Forms submitted with incomplete documentation will not be processed.

Please check off all your unusual circumstances from the list below. See the back of this form for the required documentation for each circumstance.

- | | |
|---|---|
| <input type="checkbox"/> Childcare expense | <input type="checkbox"/> Housing costs |
| <input type="checkbox"/> Computer purchase | <input type="checkbox"/> Commuting Expense |
| <input type="checkbox"/> Death of a legal parent | <input type="checkbox"/> Separation or Divorce |
| <input type="checkbox"/> Loss of Benefits | <input type="checkbox"/> Liquidation or Foreclosure of assets |
| <input type="checkbox"/> Parent enrolled in college | <input type="checkbox"/> Loss of Employment |
| <input type="checkbox"/> Medical Expenses | <input type="checkbox"/> Elementary/Secondary School Tuition |
| <input type="checkbox"/> Other _____ | |

All the information provided by the undersigned is true and complete to the best of my/our knowledge. I/we further understand that purposely giving false or misleading information to obtain student financial aid may subject me/us to fines and other penalties.

Student signature: _____ Date: _____

Return completed appeal to:

- Mailing address: Cankdeska Cikana Community College ▪ Financial Aid Office
- PO Box 269 ▪ Fort Totten, ND 58335
- Phone: (701) 766-2370 or 701-766-4415 ▪ E-mail for questions: lindsey.onebear@littlehoop.edu ▪ Fax: 701-766-1344

IMPORTANT: All attachment (letters of explanation, etc.) must be signed, dated and reflect the name or last four digits of student SSN. Your appeal will be evaluated at the earliest available date. Please allow a minimum of two to four weeks for processing this form.

Special Circumstance	Documentation
Child Care Expense	Letter Listing <ol style="list-style-type: none"> Name and age of dependent(s) Hourly rate paid Total monthly cost Name, phone number & address of provider
Housing Cost	Letter of explanation with a budget per month <ol style="list-style-type: none"> Copy of rental agreement or mortgage payment Copy of most recent monthly utility bills
Computer Purchase	Copy of receipt for purchase of a computer (purchased between Summer 2023 and May 2024)
Commuting Expense	Letter listing: <ol style="list-style-type: none"> Number of miles traveled each day How many days per week Where you are traveling from
Death of a Legal Parent	<ol style="list-style-type: none"> Letter listing: <ol style="list-style-type: none"> Relationship of deceased to the student Copy of obituary/death certificate 2021 IRS Tax Return Transcript or <u>signed</u> 2021 Federal Tax Return (Form 1040 & applicable schedules 1-3) & 2021 W-2's for both parents. Verification Worksheet 2023-2024
Separation or Divorce	<ol style="list-style-type: none"> Letter listing: <ol style="list-style-type: none"> Letter of explanation Copy of divorce decree or proof of separation 2021 IRS Tax Return Transcript or <u>signed</u> 2021 Federal Tax Return (Form 1040 & applicable schedules 1-3) & 2021 W-2's for both spouses Verification Worksheet 2023-2024
Loss of Benefits	<ol style="list-style-type: none"> Letter listing: <ol style="list-style-type: none"> Whose benefits were terminated Amount of benefit(s) received for last two years Reason for termination Projected income and untaxed income to the end of 2023 or a 2022 Tax Return Transcript or <u>signed</u> 2022 Federal Tax Return (IRS Form 1040 & applicable schedules 1-3) & 2022 W-2's Copy of document from provider stating termination of benefits 2021 IRS Tax Return Transcript or <u>signed</u> 2021 Federal Tax Return (Form 1040 & applicable schedules 1-3) & 2021 W-2's Verification Worksheet 2023-2024
Liquidation or Foreclosure	<ol style="list-style-type: none"> Letter Listing: <ol style="list-style-type: none"> Type of asset liquidated Gross sales proceeds List of where proceeds were applied Copy of foreclosure notice 2021 IRS Tax Return Transcript or <u>signed</u> 2021 Federal Tax Return (Form 1040 & applicable schedules 1-3) Verification Worksheet 2023-2024
Loss of Employment	<ol style="list-style-type: none"> Letter listing: <ol style="list-style-type: none"> Who lost employment Reason for loss of employment Income earned and untaxed income (Worker's Compensation, unemployment benefits, disability Benefits, etc.) to date of termination (per family member) Projected income and untaxed income to the end of 2023 or a 2022 Tax Return Transcript or <u>signed</u> 2022 Federal Tax Return (IRS Form 1040 & applicable schedules 1-3) & 2022 W-2's Copy of last pay stub from employer 2021 IRS Tax Return Transcript or <u>signed</u> 2021 Federal Tax Return (Form 1040 & applicable schedules 1-3) & 2021 W-2's Verification Worksheet 2023-2024
Parent Enrolled in College	<ol style="list-style-type: none"> Letter listing: <ol style="list-style-type: none"> Which parent is enrolled Number of enrolled credits Enrollment verification form from their college stating the parent is enrolled ½ time or greater in a degree granting program
Medical Expenses	<ol style="list-style-type: none"> Letter listing: <ol style="list-style-type: none"> Who incurred the expense(s) List of medical expenses incurred (only bills that are paid or on a payment plan will be considered) Copy of Explanation of Benefits from insurance carrier Copy of medical bills
Elementary/ Secondary School Tuition	<ol style="list-style-type: none"> Letter listing: <ol style="list-style-type: none"> Person from whom tuition is being paid Copy of tuition contract