



**PROFESSIONAL JUDGEMENT for a SPECIAL CIRCUMSTANCE/INCOME REDUCTION REQUEST**

Name: \_\_\_\_\_ Year: \_\_\_\_\_  
Today's Date: \_\_\_\_\_ ID/Social Security Number: \_\_\_\_\_  
Phone # \_\_\_\_\_ Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Below is a list of possible circumstances which may allow a student to be considered for a Special Condition/Income Reduction calculation:

**Dependent Students**

- Loss of Employment for a parent or retires
- Loss of Untaxed Income
- Natural Disaster
- Death of Parent
- Separation/Divorce of parents
- Disability
- High medical bills

**Independent Students:**

- Loss of Employment for Student/Spouse
- Loss of Untaxed Income
- Natural Disaster
- Death of Spouse
- Separation/Divorce from spouse
- Disability
- High medical bills

If you feel you should be considered for one of these conditions, please provide a written statement explaining the situation in full detail. Also provide any documentation that will substantiate your statement. After this information has been reviewed you will be contacted to discuss your situation and determine what additional information may be needed. If your situation cannot be considered as a Special Circumstance you will be informed of this decision as well.

**DEADLINE:** Kilgore College must have a valid FAFSA for the CURRENT award year before this request will be accepted and reviewed for determination.

\*\*\*With this in mind, please see that all required documentation for this request has been submitted at least a month before the end of the semester. **Any request submitted without the required documentation will be denied after 30 days.**

I should be considered for a special consideration/income reduction calculation due to the following circumstances:

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\*\*\*\*After the request, along with all required documentation has been submitted, the student will receive a determination within 14 calendar days.

Signature \_\_\_\_\_ Date \_\_\_\_\_

FA OFFICE ONLY: Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Approved / Denied