



# 2026-27 Special Circumstances Form

Submit this form in person or mail, by fax, or through Secure Form Upload:  
Clark College, Financial Aid Office, 1933 Fort Vancouver Way, Vancouver, WA 98663  
[Secure Form Upload](#) • Fax (360)992-2864

## Student Information:

ctcLink ID Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Your financial aid is based on the income information you reported on your financial aid application. Sometimes, families experience unexpected changes that affect their ability to pay for college. If this has happened to you or your family, you can use this form to ask the Financial Aid Office to review your situation.

The Financial Aid Office may be able to adjust your financial aid using a process called *professional judgment*. A review is not guaranteed to change your aid, but submitting this form allows us to consider your circumstances.

## Student Section: Complete all sections and submit the required forms

### 1. Who experienced a reduction in income?

- Student
- Spouse (if applicable)
- Parent 1 (parent or stepparent)
- Parent 2 (if applicable)

### 2. What special circumstances occurred?

- Job loss or reduction in work hours
- Unemployment benefits were reduced or ended
- Loss or reduction of other income (examples: interest, dividends, taxable Social Security, alimony)
- One-time income received (examples: retirement withdrawal, inheritance, insurance payment)
- Unexpected medical and/or dental expenses

### 3. Based on when the change occurred, which time period should be reviewed?

- Calendar Year 2024 (January 1, 2025 – December 31, 2025)
- Calendar Year 2025 (January 1, 2026 – December 31, 2026)
- Academic Year 2025-26 (July 1, 2026 – June 30, 2027)

### 4. **Student Statement (Required):** Submit a signed and dated statement that explains what has changed, when the change happened, and how it affected you or your family's income.

(Continued on next page)



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**5. Submit Supporting Documentation (Required):** Submit documents for **you**, your **spouse** (if applicable), and your **parent(s)** (if applicable), based on the situation you selected.

Change in Special Circumstances	Calendar Year 2025 or 2026	Academic Year
Job loss or reduction in work hours	Signed copy of federal tax return, IRS return transcript, or W-2 Forms	Calendar year documents for 2026 and copy of most recent paystub (including final pay)
Unemployment benefits were reduced or ended	Year-end Unemployment Statement (Form 1099-G)	Calendar year documents for 2026 and current unemployment statement showing approved benefit amount
Loss or reduction of other income	Signed copy of 2025 federal tax return or IRS return transcript	Calendar year documents and copy of the most recent income statement showing year-to-date
One-time only income	Signed copy of federal tax return, IRS return transcript and documents showing one-time income	N/A
Medical or dental expenses	Billing statements from each medical, dental or insurance provider showing the amount paid out of pocket AFTER insurance.	

**Student Certification:**

By signing and submitting this form, I certify that all information reported is true and correct. I understand that by purposely giving false or misleading information, I may be fined, sentenced to jail, or both.

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

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

For Office Use Only: Adjustment Made: \$ _____ Term _____ Date _____ Staff _____ Comment: _____
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*The college affirms a commitment to freedom from discrimination for all members of the college community. The responsibility for, and the protection of, this commitment extends to students, faculty, administration, staff, contractors, and those who develop or participate in college programs. It encompasses every aspect of employment and every student and community activity. The college expressly prohibits discrimination on the basis of race, color, national origin, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, honorably discharged veteran or military status, citizenship, immigration status, or use of a trained guide dog or service animal. Harassment is a form of discrimination.*

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