



INDEPENDENT

**RANGER COLLEGE
SPECIAL CIRCUMSTANCES APPLICATION
2024-2025 Academic Year**

Name: _____ SSN: _____ / _____ / _____

This form may be used for the 2024-2025 school year if you or your spouse's financial situation has changed significantly. Ranger College has the authority to make professional judgment allowances in regard to students who have unusual and special circumstances that could affect their ability to pay for their education. If you believe you have special circumstances that impact your financial aid situation for the 2024-2025 academic years, please complete the appropriate section of this form and return it to the Ranger College Financial Aid Office. Please answer all questions and provide all documentation that is requested. Failure to do so, could delay or deny your request for special circumstances. You will be notified in writing of the determination.

1. Please indicate below the reason you are requesting special circumstances and the documentation you are submitting to support your request:

<u>Reason</u>	<u>Required Documentation</u>
_____ Unemployment	_____ Letter from TEC/Termination Letter
_____ Change of employment	_____ Letter of Explanation
_____ Divorce/Separation	_____ Divorce Decree/Separation Statement
_____ Death of Spouse	_____ Copy of Death Certificate
_____ Disability of Student/Spouse	_____ Letter from Doctor or Social Security Administration
_____ High Medical/Dental Expenses	_____ Copy of PAID bills and canceled checks.
	_____ Other (Specify) _____

2. Provide an explanation detailing the circumstances that caused the income reduction.

(Attach separate sheet if necessary)

INCOME INFORMATION

Please provide **annual estimates** for the period January 1, 2023 to December 31, 2023.

You must provide your complete 2023 signed tax return or tax return transcript and 2022 W-2's, including all statements and schedules. If you fail to provide these documents, your request could be denied. If you have worked for more than one employer in 2023, you must provide W-2's from all employers!

	Student	Spouse
Wages from Work	\$	\$
AFDC	\$	\$
Veteran Benefits	\$	\$
Unemployment Compensation	\$	\$
Social Security Benefits	\$	\$
Child Support	\$	\$
Gifts	\$	\$
Housing/food allowance	\$	\$
Withdrawal from Savings	\$	\$
Bills paid by someone else	\$	\$
Cash Received from Family/friends	\$	\$

YOU MUST PROVIDE DOCUMENTATION AS TO WHY YOUR INCOME HAS CHANGED.
ADDITIONAL INFORMATION MAY BE REQUESTED BY THE FINANCIAL AID OFFICE.

CERTIFICATION

I certify that all information in this form is true and complete to the best of my knowledge. I understand that if all the information requested is not supplied no action will be taken on this request. I also understand that any suspected fraud will be reported to the appropriate authorities and the Office of Inspector General for investigation.

Student's Signature	Date	Spouse's Signature	Date
---------------------	------	--------------------	------

No student or prospective student will be excluded from participation in or be denied the benefits of financial aid at Ranger College on the basis of race, age, color, gender, marital status, religion, national origin or disability.

FINANCIAL AID OFFICE USE ONLY:

ACTION TAKEN: () Approved () Denied Date: _____

Comments: _____