



INDEPENDENT

RANGER COLLEGE

SPECIAL CIRCUMSTANCES APPLICATION

2026-2027 Academic Year

Name: _____ SSN: _____ / _____ / _____

This form may be used for the 2026-2027 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 2026-2027 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, 2025** to **December 31, 2025**.

You must provide your complete 2024 signed tax return or tax return transcript and 2025 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 2025, 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: _____