UNIVERSITY of HAWAI'I
KAPI'OLANI COMMUNITY COLLEGE

Kekaulike Information and Service Center
Financial Aid Section

2009-10 Appeal for Special Circumstance Form

Print Student's Name:_____ Student ID (SS# or UH ID):_____

The Financial Aid Office MAY be able to adjust your data items required to determine your family contribution (EFC) and your financial need if special circumstances exist that affect your ability to pay for the cost of education. Examples of special circumstances are: medical or dental expenses not covered by insurance; emergency medical and dental expenses; unforeseen & emergency related expenses that occur beyond your control; unusually high child care costs; recent unemployment of a family member; unforeseen reduction in income or benefits; or other changes in the family's income or assets. If your family situation involves a special circumstance as those described above, you may request for a review of your financial need status. If you wish for Kapi`olani Community College to consider your Special Circumstances you must complete and submit the following to the Kekaulike Information and Service Center (KISC)/Financial Aid Section:

- **Section A:** You must clearly explain your Special Circumstance.
- **Section B:** MUST be completed ONLY if your Special Circumstances is due to a REDUCTION IN INCOME. You MUST also submit copies of **your 2008 Federal tax returns** (if not already submitted).
- If you were required to submit Parent's Information on the FAFSA (look on your SAR), your parent(s) must also complete and sign Section A (and Section B if completing) AND submit copies of **their 2008 Federal tax returns** (if not already submitted).
- Attach documentation supporting your Special Circumstances to this form (ex: recent pay stubs; unemployment certification/benefits; copy of termination/resignation letter; receipts; DD-214; etc.). Please note: We may need to request additional documentation upon review of your request to make an informative decision.

Section A: Please explain your Special Circumstances in detail. You may attach a separate statement.

The following special circumstance(s) applies to: ☐ Myself ☐ My spouse ☐ My parent(s)

_____
_____
_____
_____
_____
_____
_____
_____

☐ I / we certify that the statement of Special Circumstances is true and not falsified. Supporting documentation is attached to this form.

_____ _____
Student's Signature Date Spouse's Signature Date

_____ _____
Mother's Signature Date Father's Signature Date

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An Equal Opportunity/Affirmative Action Institution

Section B: Provide estimated income/benefit information for the time period **June 1, 2009 – May 31, 2010.**

Student/Spouse Estimated Income & Benefits	**06/01/09 to 08/31/09 (3 months)**	**06/01/09 to 08/31/09 (3 months)**	**09/01/09 to 05/31/10 (9 months)**	**09/01/09 to 05/31/10 (9 months)**
	Student	**Spouse**	**Student**	**Spouse**
Estimated Gross Earned Income from Work (before taxes):	$	$	$	$
Estimated Gross Other <u>Taxable</u> Income (before taxes): (Unemployment; interest; rental; business; etc.)	$	$	$	$
Estimated <u>Untaxed</u> Income: (Welfare benefits; Social Security; child support; workers compensation; etc.)	$	$	$	$

Explain how you came up with the estimated income/benefit amounts you reported for yourself and/or spouse:

_____

_____

_____

Parent's Estimated Income & Benefits (Must be completed if you were required to submit parental information on your FAFSA)	**06/01/09 to 08/31/09 (3 months)**	**06/01/09 to 08/31/09 (3 months)**	**09/01/09 to 05/31/10 (9 months)**	**09/01/09 to 05/31/10 (9 months)**
	Father	**Mother**	**Father**	**Mother**
Estimated Gross Earned Income from Work (before taxes):	$	$	$	$
Estimated Gross Other <u>Taxable</u> Income (before taxes): (Unemployment; interest; rental; business; etc.)	$	$	$	$
Estimated <u>Untaxed</u> Income: (Welfare benefits; Social Security; child support; workers compensation; etc.)	$	$	$	$

Explain how you came up with the estimated income/benefit amounts you reported for your parent(s):

_____

_____

_____

☐ I/We certify that the above is my/our best estimate of expected income for the **06/01/2009– 05/31/2010** period. I/We will notify Kapi`olani Community College, Financial Aid Office of any changes in writing. Copy(ies) of my/our **2008 Federal tax return** is also attached (if not already submitted).

_____ _____

Student's Signature Date Spouse's Signature Date

_____ _____

Mother's Signature Date Father's Signature Date