

FINANCIAL AID



Financial Aid Office
Special Circumstances Application
2026-27 Academic Year

Student I.D. number: _____ My AC E-mail Address: _____
Name: _____ Telephone: _____
Address: _____ Date of Birth: _____

This form may be used if your, your spouse's or your parents' financial situation has changed significantly since 2024. If you believe you have special circumstances that impact your financial situation for the 2026-27 academic year, please complete the appropriate sections of this form and return it with all 2024 W2 and Tax Return Information (if the IRS Data Retrieval was not used) to the Amarillo College Financial Aid Office. Also, a 2026-27 V1 Verification Worksheet could be requested at a later date if needed.

1. Independent Students - Provide information and documentation regarding you and your spouse (if applicable).
2. Dependent Students - Provide information and documentation regarding you and your parents.

REASON

_____ Unemployment/Change of Employment-please provide the following:

- Letter from employer stating last date of employment
- Notice of Unemployment Benefits determination
- Most recent taxes & W-2's
- New/different job: 3 last Pay stubs

_____ Divorce/Separation-please provide the following:

- Divorce Decree/Legal Separation Statement
- If not legal separation, provide documents proving spouse is living at a different address
- Most recent pay stub for student/parent
- Both Student & Spouse W-2's

_____ Death of Spouse or Parent -- Death Certificate or Obituary Notice.

_____ Disability of student/spouse or parent-- Letter from doctor/Social Security Administration and copy of disability award.

_____ Other - Varies – see the Financial Aid Office for more information.

- A. **REQUIRED:** Please provide a brief explanation below regarding your special circumstances, including dates if applicable. Attach additional information as needed.

Before your status can be evaluated, you must provide complete information regarding your estimates of the change in the financial situation for you, your spouse, or your parents. Please provide the best possible estimates for the period January 1, 2025 to December 31, 2025. Household income must be less in 2025 than in 2024 to be considered.

B.	Estimated taxable income for 2025	Your Parents	You/Your Spouse
	How much you/your spouse will earn from work.	_____	_____
	How much your father will earn from work.	_____	_____
	How much your mother will earn from work.	_____	_____
	How much you/your spouse or your parents will receive in unemployment benefits.	_____	_____
	How much you/your spouse or your parents will have in other taxable income	_____	_____
	Total estimated 2025 income	_____	_____
	Estimated untaxed income and benefits for 2025	Your Parents	You/Your Spouse
	Housing, food allowances to military/clergy or others	_____	_____
	Aid for Families with Dependent Children (AFDC or ADC)	_____	_____
	Other untaxed income and benefits (i.e. child support, workers comp, disability, etc.) Attach documentation.	_____	_____
	Total estimated 2025 untaxed income and benefits	_____	_____

E. CERTIFICATION: All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that if I do not give proof when asked, my application may not be processed for financial aid. I understand my application will not be reviewed without the required documentation.

Student's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

For Office Use Only Approved / Denied

Initials _____

Date: _____

Comments:
