

RANGER COLLEGE SPECIAL CIRCUMSTANCES APPLICATION 2025-2026 Academic Year

Name:	SSN:	
This form may be used for the 2025-2026 school significantly. Ranger College has the authority to who have unusual and special circumstances that you have special circumstances that impact your complete the appropriate section of this form and answer all questions and provide all documentation request for special circumstances. You will be not	make professional judgment a at could affect their ability to pa financial aid situation for the 2 freturn it to the Ranger Colleg ion that is requested. Failure to	allowances in regard to students by for their education. If you believe 2025-2026 academic years, please ge Financial Aid Office. <u>Please</u> o do so, could delay or deny your
1. Please indicate below the reason y documentation you are submitting		
Reason Unemployment Change of employment Divorce/Separation Death of Spouse Disability of Student/Spouse High Medical/Dental Expenses	Letter from TE Letter of Expl Divorce Decre Copy of Deatl Letter from De Administration Copy of PAID	ee/Separation Statement h Certificate octor or Social Security
2. Provide an explanation detailing the cir	rcumstances that caused	the income reduction.
(Attach separate sheet if necessary)		

INCOME INFORMATION

Please provide **annual estimates** for the period <u>January 1, 2024</u> to <u>December 31, 2024</u>.

You must provide your complete 2024 signed tax return or tax return transcript and 2023 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 2024, 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:			<u> </u>			