

John A. Logan College 700 Logan College Drive Carterville, IL 62918 Phone 618-985-3741 Fax 618-985-4116

Step 1 – Student Information

2025-2026 Parent Special Circumstance Form

Federal Student Aid Regulations provide the potential for re-evaluation if your financial circumstances change. The 2023 income information that you reported on your financial aid application may not be an accurate indicator of your ability to pay for educational costs. Bring this form along with the **required supporting documentation** to the appointment. Submission of this form does not guarantee a change in your financial aid eligibility. Each case will be evaluated on an individual basis. **Note: Only one Special Circumstance Form will be accepted for an academic year.**

Na			Last	First			M.I.	Date	
Per	mane	ent Address _	Chroat /in alcide an autore autorium bar		4		Ototo		Zip Code
Student ID#		ID#	Street (include apartment number)) Ci	City		State	Phone ()	
Ste	p 2 –	Reason for F	Filing a Special Circumstance Form	m					
Ch	eck (v	() the circums	tance that best applies to your situat	ion. Required do	cume	ntatio	n to support your circu	ımstance <i>must be attac</i>	ched.
	A.	full-time job f Required Do 1. Statemer worked for employm 2. Copy of y 3. Copy of y	earned money in 2023, but has lost a or at least ten (10) weeks and is still ocumentation: It of all previous employer(s) your parent; Your parents' 2024 federal IRS 1040 tooth parents 2024 W-2s. Is statement of unemployment benefit	arent arent ceased tax transcript.		E.	Statement from s amount; and Statement from y disposition of the Your parent paid out	ents' 2024 federal IRS 1 source of one-time inconvour parents' indicating the funds. (not owed) a large amoses in 2023 that exceeds	ne indicating the unt of medical
	B.	changed em less money in Required Do 1. Statemer in 2024 a 2. Copy of y	pearned money in 2023, but has bloyment and earned substantially in 2024. Cocumentation: It of all employers your parent worked dates of employment. Our parents' 2024 federal IRS 1040 to oth parents' 2024 W-2 form(s).		_	_	Required Documen 1. Copy of your part Schedule A: or 2. Copies of medical insurance already amount insurance	ents 2023 federal IRS ir al and dental payments i y paid. Provide proof of e paid.	ncome tax transcrip
	C.	Your parent is some other to (10) weeks in benefit. Required Do 1. Statemer Include of Income a child sup 2. A statem dates, ar 2024.	received unemployment compensation axed or untaxed income or benefit for 2023, but has completely lost that in a completely lost that in the compensation of the source of it are your parent received the incomplete your parent or disability benefits; ent from the source of the income indicated the amount your parent received in your parents' 2024 Federal IRS Tax	or at least ten encome or encome. e. NOTE: court-ordered and encome the encome.		F.	Required Documen 1. Copy of your part transcript; 2. Copy of supportir if parents are sep papers, or if pared divorce decree. Since you applied for parent has died. Required Documen 1. Copy of your pare 2. Copy of your pare 2. Copy of your pare 3.	ents' 2023 federal IRS 1 ng parent's 2023 W-2 fo narated, attach a copy o ents are now divorced, a r financial aid for 2025-2 tation: ent's death certificate; ents' 2023 federal IRS 1	1040 tax rrm(s); and f separation ttach a copy of the 2026, a supporting
	D.	Your parent of as Social Security distribution.	received a one-time income in 2023, curity payment, IRA, or pension	such			3. Copy of both pare	ents' 2023 W-2s.	•

Step 3 – Please provide documents requested. ATTACH a letter of explanation with starting and ending dates of all jobs and/or benefits for 2024, if you checked item A, B, C, or D. Please provide supporting documentation which may include copies of court documents, W2 forms, year-to-date income statements from employer(s), income tax returns, unemployment benefit amount verification, public aid benefit amount verification, and other information as appropriate.

rint Studen	it Name:	Student ID Number:					
tep 4 – Hous	ehold Information:						
	<u>Name</u>	Relationship to Student	<u>Age</u>				
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2							
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4							
5							
6							
-		nn A. Logan College Financial Aid Office his form and the attached documentation is true and comp	olete to the best of my knowledge. If asked b				
ertification: A	All of the above information on th	nis form and the attached documentation is true and comp al supporting documentation of the information I have give ocumentation. Student signature _	en on this form. The special circumstance wi				
ertification: A	All of the above information on th fice, I agree to provide additiona	nis form and the attached documentation is true and comp al supporting documentation of the information I have give ocumentation. Student signature _ Date completed	en on this form. The special circumstance w				
ertification: A	All of the above information on th fice, I agree to provide additiona	nis form and the attached documentation is true and compal supporting documentation of the information I have give ocumentation. Student signature _ Date completed Is your required doc	en on this form. The special circumstance wi				
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Pertification: Anancial aid offer reviewed if	All of the above information on the fice, I agree to provide additional I do not provide the additional do	nis form and the attached documentation is true and compal supporting documentation of the information I have give ocumentation. Student signature	en on this form. The special circumstance wi				
Prior year Sp	All of the above information on th fice, I agree to provide additional I do not provide the additional do	nis form and the attached documentation is true and compal supporting documentation of the information I have give ocumentation. Student signature	en on this form. The special circumstance wi				