



ATTENTION: FTP	
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Financial Aid Office
SPCONS

2025 – 2026: Special Consideration(s) Request Form

Student Name _____

CCBC ID _____

A. Please select the reason(s) for your special consideration(s) request. Please provide all requested documentation for each situation and a personal letter of explanation detailing the reason for request.

✓	Reason/Circumstance	Documentation Required
	➤ Decrease (of at least 20%) in student/spouse/parent income from employment compared to 2023	<ul style="list-style-type: none"> Verification of final date of employment from previous employer (dated resignation or termination letter) Final pay stub received from previous employer (listing YTD income) Any copies of severance compensation, if applicable Unemployment compensation information received <p>If currently re-employed at a new job, submit all of the above PLUS:</p> <ul style="list-style-type: none"> Three most recent pay stubs received from current employer (listing YTD income)
	➤ Change in marital status (divorce, separation, etc.)	<ul style="list-style-type: none"> Copy of divorce or separation agreement OR proof of separate living arrangements (e.g. two bills in each name at different addresses, i.e. BGE, rental agreement, cell phone, etc.) Copy of Marriage Certificate Copies of all 2023 W-2(s) or both 2023 Wage and Income Transcript(s) obtained from the IRS
	➤ Death of a spouse/parent	<ul style="list-style-type: none"> Copy of the death certificate Copies of parents' 2023 W-2(s)
	➤ Disability of student or spouse/parent(s)	<ul style="list-style-type: none"> Doctor's statement detailing length and type of disability Disability income information, if available
	➤ Unusual medical expenses	<ul style="list-style-type: none"> Documentation of all out-of-pocket medical expenses (i.e. not covered by insurance)
	➤ One-time income (Inheritance, moving expense allowance, back-year SS payments, or IRA/pension distribution)	<ul style="list-style-type: none"> Statement from source (on official letterhead) reporting that this is a one-time payment or other documentation describing the reasons for a one-time hardship withdrawal Dated letter of termination (if applicable)
	➤ Loss of child support	<ul style="list-style-type: none"> Dated letter of termination of benefit(s) on letterhead
	➤ Other special circumstances not indicated above.	<ul style="list-style-type: none"> Provide appropriate documentation





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STUDENT NAME: _____ CCBC ID: _____

B. Please provide additional detail regarding your request:

1) <i>Who did this change happen to?</i>	<input type="checkbox"/> Myself (CCBC student) <input type="checkbox"/> Parent(s) or Stepparent <input type="checkbox"/> Student's Spouse
2) <i>When did this change occur (estimate if necessary)?</i>	DATE:

C. Please provide a written explanation detailing the reason for your request:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Student's Signature _____

Date _____

Parent's Signature (**Dependent students ONLY**) _____

Date _____

Warning: Each person signing this worksheet certifies all the information reported is complete and accurate. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Please NOTE: This form may require a request for additional information, please check your **SIMON** account for updates. If all required documentation is not received within 60 days, the special consideration request will be cancelled. Please allow at least 2-3 weeks after ALL documents are submitted for review.