



Tri-County Technical College

Special Circumstances Request

Student's Name _____ TCTC Student's ID _____

Student's Email _____ Student's Phone Number _____

Section A: SPECIAL CIRCUMSTANCE AND SUPPORTING DOCUMENTS

Please check the appropriate conditions that have led you to request a special condition for the academic year. You **must** provide any requested dates.

_____ You/your parents have separated/divorced. Date of separation/divorce: _____

_____ Your spouse or a parent is deceased. Date of death: _____ (Copy of the death certificate or obituary)

_____ You/your spouse/your parent has lost their job and/or had a reduction in income. *

_____ You/your spouse/your parent have had a loss of untaxed income. Type of loss: _____

_____ Adjustment to Cost of Attendance. Reason: _____ (attach receipts; for medical expenses it must exceed 11% of the COA, be unreimbursed and paid)

_____ Other: _____

Section B: DOCUMENTATION & STATEMENT

1. **Type and attach a written statement** of your circumstance, including all relevant information, i.e., dates the circumstances occurred, the individuals it affected, and any other information you feel would be beneficial or helpful in making a determination of this request. Be complete in your written explanation as it determines the processing of your request. ***If you checked option 3, please explain to us, in your written statement, how you/your spouse/your parent(s) are currently paying for expenses, bills, etc.**
2. **Attach documentation to support the circumstances you referenced in your statement.**

Section C: HOUSEHOLD INFORMATION

Full Name of Family Member	Relationship to Student	Age
	Self	

If Dependent, parents' marital status: Married Divorced/Widowed Separated Single

Section D: STUDENT (AND PARENT) CERTIFICATION AND SIGNATURE(S)

All of the information on this form is accurate and complete to the best of my (our) knowledge. If asked by an authorized Tri-County Technical College official, I agree to give proof of the information that I have given on this form. I also realize that if I do not give proof when asked, the Financial Aid Office is under no obligation to make any adjustments to the student's eligibility for financial aid based on the information on this form. **Please sign in black or blue ink.**

Student Signature _____ Date _____ Academic Year _____

Parent Signature _____ Date _____

(Required Only for Dependent Students)

Return the completed form to any of the 4 campuses in person, postal mail, fax, or e-mail. TCTC Financial Aid takes every effort to secure any sensitive data. Do not send sensitive documents or personal information via unsecure methods to the financial aid office.

Fax: (864)646-1890

E-mail: tccentral@tctc.edu

Pendleton Campus
Tri-County Technical College
P O Box 587
Pendleton SC 29670
(864)646-8282, Option 1

Anderson Campus
Tri-County Technical College
511 Michelin Boulevard
Anderson, SC 29626
(864)260-6700

Easley Campus
Tri-County Technical College
1774 Powdersville Road
Easley, SC 29642
(864)220-8888

Oconee Campus
Tri-County Technical College
552 Education Way
Westminster, SC 29693
(864)613-1900