UNIVERSITY of HAWAI'I
KAPI'OLANI COMMUNITY COLLEGE

Kekaulike Information and Service Center
Financial Aid Section

2008-09 Appeal for Special Circumstance Form

Print Student's Name:_____ Student ID (SS# or UH ID):_____

The Financial Aid Office MAY be able to adjust your data items required to determine your family contribution (EFC) and your financial need if special circumstances exist that affect your ability to pay for the cost of education. Examples of special circumstances are: medical or dental expenses not covered by insurance; emergency medical and dental expenses; unforeseen & emergency related expenses that occur beyond your control; unusually high child care costs; recent unemployment of a family member; unforeseen reduction in income or benefits; or other changes in the family's income or assets. If your family situation involves a special circumstance as those described above, you may request for a review of your financial need status.

If you wish for the Kapi`olani Community College to consider your Special Circumstances you must complete and submit the following to the Kekaulike Information and Service Center (KISC)/Financial Aid Section:

- Completion of **Section A** of this form: You must clearly explain your Special Circumstance.
- Attach documentation supporting your Special Circumstances to this form (ex: recent pay stubs; unemployment certification/benefits; copy of termination/resignation letter; receipts; DD-214; etc.)
- If your Special Circumstances is due to reduction in income, you MUST complete **section B** on the back of this form **AND** submit copies of **your 2007 Federal tax returns** (if not already submitted).
- If you were required to submit Parent's Information on the FAFSA (look on your SAR) your parent's must also complete and sign Section A (and Section B if completing) AND submit copies of **their 2007 Federal tax returns** (if not already submitted).

Please note: We may need to request additional documentation upon review of your request to make an informative decision.

Section A: Please explain your Special Circumstances in detail. You may attach a separate statement.

The following special circumstance(s) applies to: ☐ Myself ☐ My spouse ☐ My parent(s)

I / we certify that the statement of Special Circumstances is true and not falsified. Supporting documentation is attached to this form.

_____ _____
Student's Signature Date

_____ _____
Spouse's Signature Date

_____ _____
Mother's Signature Date

_____ _____
Father's Signature Date

4303 Diamond Head Road `Ilima 107
Honolulu, Hawai'i 96816-4421
Telphone: (808) 734-9555
Facsimile: (808) 734-9896
Email: kapfao@hawaii.edu
Website: www.kcc.hawaii.edu
An Equal Opportunity/Affirmative Action Institution

Section B: Reduced Income: Please complete the following estimated income/benefit information for the time period **June 1, 2008 – May 31, 2009**

Student/Spouse Estimated Income & Benefits	**Estimated Income/Benefits for period: 06/01/08 to 08/31/08 (3 months)**	**Estimated Income/Benefits for period: 06/01/08 to 08/31/08 (3 months)**	**Estimated Income/Benefits for period: 09/01/08 to 05/31/09 (9 months)**	**Estimated Income/Benefits for period: 09/01/08 to 05/31/09 (9 months)**
	Student	**Spouse**	**Student**	**Spouse**
Gross Earned Income from Work (before taxes):	$	$	$	$
Gross Other Taxable Income (before taxes): (Unemployment compensation; interest/dividends; rental; business; etc.)	$	$	$	$
Untaxed Income: (Welfare benefits; Social Security; child support; workers compensation; etc.)	$	$	$	$

Parent's section must be completed if you were required to submit parental information on your FAFSA/ SAR..

Parent's Estimated Income & Benefits	**Estimated Income/Benefits for period: 06/01/08 to 08/31/08 (3 months)**	**Estimated Income/Benefits for period: 06/01/08 to 08/31/08 (3 months)**	**Estimated Income/Benefits for period: 09/01/08 to 05/31/09 (9 months)**	**Estimated Income/Benefits for period: 09/01/08 to 05/31/09 (9 months)**
	Father	**Mother**	**Father**	**Mother**
Gross Earned Income from Work (before taxes):	$	$	$	$
Gross Other Taxable Income (before taxes): (Unemployment compensation; interest/dividends; rental; business; etc.)	$	$	$	$
Untaxed Income: (Welfare benefits; Social Security; child support; workers compensation; etc.)	$	$	$	$

I/We certify that the above is my/our best estimate of expected income for the **06/01/2008– 05/31/2009** period. I/We will notify Kapi`olani Community College, Financial Aid Office of any changes in writing. Copy(ies) of my/our **2007 Federal tax return** is also attached (if not already submitted).

Student's Signature Date

Spouse's Signature Date

Mother's Signature Date

Father's Signature Date