Dear Student:

If you believe you have special circumstances that might affect the amount you and your family can contribute to the cost of education at ACC, please review the attached questionnaire. You should complete only those Tables and items which apply to you. Be as specific as possible.

In addition to the questionnaire, you must also write us a letter indicating your special circumstances. Be as detailed as possible in explaining your personal situation.

Attach your questionnaire, your letter, and any supporting materials or documentation to this letter and return it to the aid office. We will consider your request for a further review of your application and inform you of the decision we reach.

If you have any questions, please speak to a member of our professional staff.

Sincerely,

Donna Jones-Searle, Director
Student Financial Aid Services

DJS/app
### TABLE 1. UNUSUAL MEDICAL AND DENTAL EXPENSES

1. How much did you pay for medical/dental insurance in the base year?  
   (Do not include employer's contribution.) $ __________

2. What were your base year medical/dental expenses not paid by insurance? $ __________

3. Will your unreimbursed medical/dental expenses be lower, the same, or higher in the estimated year?  
   Explain the reason.

4. From what sources will you finance these expenses?

### TABLE 2. EXTENDED FAMILY SUPPORT

1. Do you contribute financial support to a relative (or relatives) not counted as a member (or members) of your household?  
   ____ Yes ____ No

2. If "Yes," provide the following information for each such relative:
   - Name of the supported relative
   - Age
   - Relationship to student
   - Support began (month, year)
   - Support ends (month, year)
   - Amount paid by you
   - Amount paid by other sources
   - Reason for support

3. Will these expenses be lower, the same, or higher in the estimated year?  Explain the reason.

4. From what sources will you finance this support?

### TABLE 3. ELEMENTARY AND SECONDARY EDUCATION AND DEPENDENT CARE EXPENSES

1. Do you pay for elementary or secondary education expenses or dependent care expenses? ____ Yes ____ No

2. If "Yes," provide the following information for each family member receiving such support:
   - Name of supported family member
   - Age
   - Relationship to student
   - Child care expenses
   - Elementary or secondary education expense
   - Adult dependent care expense
   - Total annual expense for base year

3. Will these expenses be lower, the same, or higher in the estimated year?  Explain the reason.

4. From what sources will you finance these expenses?
### TABLE 4. UNUSUAL DEBTS

1. Do you have unusual debts or loans for which you are currently making monthly payments? (Including mortgages or credit card debts to cover unemployment expenses or failed businesses; legal fees for divorce, adoption, etc.; education loans of student's parent(s)/spouse; or personal debts for nondiscretionary expenses.)  
   - Yes
   - No

2. If yes, provide the following information:
   - Type or cause of debt
   - Owed by whom?
   - Amount of original debt; date incurred (month, year)
   - Balance owed on debt
   - Date payments began
   - Monthly payment
   - Holder of debt
   - Date payments end

3. Will these expenses be lower, the same, or higher in the estimated year? Explain the reason.

4. From what sources will you finance these expenses?

### TABLE 5. INCOME REDUCTION

1. Will your income and/or your parent's/spouse's income be less in the estimated year than in the base year for any of the reasons listed in question 2?  
   - Yes
   - No

2. If "Yes," check the appropriate reason and explain, giving the date of the change in your situation.
   - (a) Unemployment or change in employment
   - (b) Divorce/separation
   - (c) Death of student's parent or spouse
   - (d) Disability of student or student's parent or spouse
   - (e) One-time income (e.g., inheritance, moving expense allowance, back-year social security payments, or IRA or pension distribution)
   
   Date of occurrence:

3. If 2(e) is checked, identify the source of income, the amount, and how funds were spent or invested.

4. If 2(a), (b), (c), or (d) is checked, provide the following information for the period _________ (month, year) to ________ (month, year).
   - Wages, salaries, tips (including severance pay, disability payments, and any income from work
   - Other taxable income
   - Untaxed Social Security benefits
   - Aid to Families with Dependent Children (AFDC)
   - Child support received
   - Other untaxed income
   - TOTAL anticipated income

If you/your parent are/is divorced or separated, include only your/your custodial parent's income information. If the loss of income is due to the death of your spouse/parent, include only your/your surviving parent's income information.