



WESTERN NEVADA COLLEGE

Financial Assistance Office

SPECIAL CIRCUMSTANCES FORM 2026-2027

A **Special Condition** refers to specific circumstances that would allow an adjustment to be made to a Student Aid Report and recalculate a student's eligibility for financial aid. Parent refusal to provide support and unusual consumer debt are not special conditions.

A person is considered a **Dislocated Worker** if he/she:

- is receiving unemployment benefits due to being laid off or losing a job and is unlikely to return to a previous occupation;
- has been laid off or received a lay-off notice from a job;
- was self-employed but is now unemployed due to economic conditions or natural disaster; or
- is a displaced homemaker. A displaced homemaker is generally a person who previously provided unpaid services to the family, is no longer supported by the husband or wife, is unemployed or underemployed and is having trouble finding or upgrading employment

Special Condition/Dislocated Worker requests will be reviewed after July 1 each year.

DIRECTIONS:

1. Complete the portion of this form that pertains to your special condition. Do not leave any lines blank in the portion that pertains to your request.
2. **Attach and sign a detailed letter** explaining the circumstances surrounding your current situation. **The student must provide a letter requesting the adjustment.** Parents, employers or other parties may also submit a letter that provides additional details.
3. Attach supporting documentation. **The Financial Assistance Office may request additional information to support your situation at any time.**
4. If a death or divorce has occurred, **DO NOT USE THIS FORM.** Please complete a Separation of Income form.

If you complete this form you are requesting that the Financial Assistance Office review your current situation and adjust based on the documentation provided. The Financial Assistance Office may request additional documentation to support your current situation.

Special Conditions are reviewed by a committee, in date order, and **only** when all documentation has been provided. If your request is approved, the Financial Assistance Office will adjust your Student Aid Report. The Financial Assistance Office cannot guarantee that requests will be processed prior to payment deadlines. Students are responsible for making payment arrangements.



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SPECIAL CIRCUMSTANCES FORM 2026-2027

Student Name: _____

NSHE Student ID #: _____

Telephone #: _____

Semester(s): _____

Email: _____

LOSS OF EMPLOYMENT AND / OR BENEFITS AND / OR DISLOCATED WORKER

- Yourself
- Family member

Check all that apply:

- Lost job in _____
- Permanent loss for at least 10 weeks.
- Worked full-time at least 35 hrs. per week.
- Major loss of income, after unemployment, severance in _____

You must provide ALL of the following:

- A **signed, detailed letter** explaining the circumstances surrounding your current situation. **The student must provide a letter requesting the adjustment.** Parents, employers or other parties may submit a letter that provides additional details. Include names, address and phone numbers for all current and prior employers for the current year (if applicable)
- Copies of termination letters or lay-off notices from employers (if applicable).
- Provide documentation of Year-to-Date earnings from all employers with the **final pay stub**, information regarding severance packages, and unemployment for 2024/2025.
- Documentation confirming the benefits or other non-taxable income has ended.

ECONOMIC HARDSHIP

- Yourself
- Family member

Check all that apply:

- Paid major medical and dental expenses not covered by insurance.
- Pandemic related hardship
- Natural disaster.
- Other: _____

You must provide ALL of the following:

- A **signed, detailed letter** explaining the circumstances surrounding your current situation. **The student must provide a letter requesting the adjustment.** Parents, employers or other parties may submit a letter that provides additional details.
- Documentation related to your specific situation.
- Documentation of payments made to cover medical and dental expenses.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student signature: _____

Date: _____

Parent signature: _____

Date: _____

(Required if student is dependent)