

2026-2027 SPECIAL CIRCUMSTANCE REQUEST FORM

Greenville Technical College

Office of Financial Aid

Dreisbach/Anderson Student Success Center • MS 1023 PO Box 5616 • Greenville, SC 29606-5616

Phone: 864-250-8000 Option 2, FAX: 864-250-8750

Student's Last Name	First Name	MI	GTC ID #
E-mail Address		Phone (with area code)	

Because the Free Application for Federal Student Aid (FAFSA) is based on two year's prior income, the Financial Aid Office has the capability to use "Professional Judgment" to make adjustments when a student, spouse or parent experiences unusual circumstances which affect their current financial situation. Please review and indicate which Special Circumstance applies to you. Documentation listed as required must be submitted in order for the request to be considered. You may submit a signed federal tax return instead of the tax return transcript.

EXPLANATION OF SPECIAL CIRCUMSTANCES: All request(s) must include a detailed typed statement explaining the unusual circumstances. Provide all dates pertaining to the situation you are addressing. Also, include any information that will help us to better understand your particular situation.

SPECIAL CIRCUMSTANCE	DEPENDENT STUDENT	INDEPENDENT STUDENT	REQUIRED DOCUMENTATION
☐ Loss of Employment or reduced Salary	Your parent(s) and your income earned in 2026 is less than that earned in 2024	Your (and/or your spouse's) income earned in 2026 is less than that earned in 2024	▪ Explanation of Special Circumstances ▪ 2026/27 Verification Worksheet ▪ 2024 Federal Tax Return transcript, including all schedules ▪ 2025 Federal Tax Return transcript, including all schedules ▪ 2024 & 2025 W-2 Wage statements for parent(s)/student ▪ LAST 2 pay stubs showing year-to-date earnings for 2026 ▪ Verification notice of last day of employment from former employer ▪ Benefit notice from employment office (proof of unemployment)
☐ Other Loss of Income ▪ Alimony ▪ Child Support ▪ Retirement or Pension ▪ Social Security (taxed) ▪ Worker's Compensation	Your parent(s) or you received benefits in 2024 which have ended or reduced in 2026	You (and/or your spouse) received benefits in 2024 which have ended or reduced in 2026	▪ Explanation of Special Circumstances ▪ 2026/27 Verification Worksheet ▪ 2024 Federal Tax Return transcript, including all schedules ▪ 2025 Federal Tax transcript, including all schedules ▪ 2024 & 2025 W-2 Wage statements for parent(s)/student ▪ 2025 benefit statement listing total amount received ▪ 2026 Benefit statement listing updated amount to receive and effective date
☐ One-Time Lump Sum Disbursement or Other Inflationary Income	Your parent (s) received a one-time lump sum payment of monies in 2024	You (or your Spouse) received a one-time lump sum payment of monies in 2024	▪ 2026/27 Verification Worksheet ▪ 2024 Federal Tax transcript, including all schedules ▪ 2024 W-2 Wage statements for parent(s)/student ▪ Documents detailing One-Time Payment Amount, source, and reason. Amount of lump sum received in 2024 \$ _____
☐ Separation or Divorce	Your parents separated or divorced AFTER filing the FAFSA	You and your spouse separated or divorced AFTER filing the FAFSA	▪ Explanation of Special Circumstances ▪ 2026/27 Verification Worksheet ▪ 2024 Federal Tax transcript, including all schedules ▪ 2024 W-2 Wage statements for parent(s)/student ▪ Divorce decree or separation agreement or proof of separate addresses (mortgage/lease/power or water bill)
☐ Death of a Parent or Spouse	A parent has died AFTER filing the FAFSA	Your spouse has died AFTER filing the FAFSA	▪ Explanation of Special Circumstances ▪ 2026/27 Verification Worksheet ▪ 2024 Federal Tax transcript, including all schedules ▪ 2024 W-2 Wage statements for parent(s)/student ▪ Death certificate

SPECIAL CIRCUMSTANCE	DEPENDENT STUDENT	INDEPENDENT STUDENT	REQUIRED DOCUMENTATION
☐ Medical/Dental Expense (If paid expenses exceed 11% of Adjusted Gross Income (AGI))	Your parent(s) or your medical expenses paid In excess of 11% of AGI in 2024	Your (and your spouse's) medical expenses paid in excess of 11% of AGI in 2024	▪ Explanation of Special Circumstances ▪ 2026/27 Verification Worksheet ▪ 2024 Federal Tax transcript, including all schedules ▪ 2024 W-2 Wage statements for parent(s)/student ▪ Proof of medical bills paid out of pocket (copies of checks cleared, bank statements etc.) ▪ Letter from insurance company showing Medical expenses not covered. Medical/Dental Expenses PAID out of pocket in 2024 \$ _____

STATEMENT OF CERTIFICATION

All of the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide further documentation to substantiate the information provided. I understand that all special circumstances are reviewed on a case-by-case basis and this written request does not guarantee approval and/or may not ultimately result in actual change of my financial aid already offered. All communications from the Financial Aid Office will go to my GTC student email.

All persons providing information must sign below:

Student's Signature _____ Date _____

Student's Spouse Signature (If applicable) _____ Date _____

Parent's Signature (If student is dependent) _____ Date _____