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SPECIAL CIRCUMSTANCES REQUEST 2024-2025

SECTION B FAMILY SIZE (do not include any unborn children)

The provided criteria for "dependent children" or "other persons" align with the requirement that family size align with whom the parent could claim as a dependent on a U.S. tax return if the parent were to file a U.S tax return at the time of completing the 2024-2025 FAFSA.

INSTRUCTIONS FOR *DEPENDENT* STUDENTS:

<----(or)---->

List below the people that are in your parents' family size:

- § ***Yourself*** & your ***parents*** (including a stepparent), even if the student is not living with them. Exclude a parent who has died or is not living in the household because of separation or divorce. Include a parent who is on active duty in the U.S. Armed Forces apart from the family.
- § Your ***siblings*** if the following are true:
 - o They live with the student's parents (or live apart because of college enrollment),
 - o They receive more than half of their support from the student's parents, and
 - o They will continue to receive more than half their support from the student's parents during the award year (07/01/2024-06/30/2025).
- § ***Other persons*** if the following are true:
 - o They live with the student's parents,
 - o They receive more than half of their support from the student's parents, and
 - o They will continue to receive more than half their support from the student's parents during the award year (07/01/2024-06/30/2025).

INSTRUCTIONS FOR *INDEPENDENT* STUDENTS:

List below the people that are in your family size:

- § ***Yourself*** & ***your spouse*** if the student is married.
- § The ***student's dependent children*** if the following are true:
 - o They live with the student (or live apart because of college enrollment);
 - o They receive more than half of their support from the student; and
 - o They will continue to receive more than half their support from the student during the award year (07/01/2024-06/30/2025).
- § ***Other people*** if the following are true:
 - o They live with the student;
 - o They receive more than half of their support from the student; and
 - o They will continue to receive more than half their support from the student during the award year (07/01/2024-06/30/2025).

FIRST NAME	M.I.	LAST NAME	AGE	RELATIONSHIP
				Yourself

SECTION C EXPECTED 2024 TAXABLE & NON-TAXABLE INCOME AND BENEFITS

If your situation occurred in 2024 (reduction not reflected on 2023 Taxes), enter income that you will receive during the 2024 calendar year (01/01/24 to 12/31/24). Complete every item, if you do not have income from a particular source, write "N/A" (non-applicable). Include the most recent 2024 pay-stub(s) and documents for each individual, indicating the year-to-date totals for 2024.

TYPE OF INCOME	STUDENT	SPOUSE (if married)	Parent 1 (if dependent)	Parent 2 (if dependent)
2024 INCOME EARNED FROM WORK:	\$	\$	\$	\$
2024 OTHER TAXED AND UNTAXED INCOME: Alimony, unemployment benefits, severance pay, capital gains, IRA/pension/annuity income, taxable interest income/dividends, disability, child support, VA non-educational benefits, workers' compensation, and etc.	\$	\$	\$	\$

List sources of income if you entered amount above:	Amount:

Please select the box to the right regarding taxes for the 2024 tax year:

- ☐ I have filed 2024 Taxes: Submit signed 2024 Tax Return & 2024 W-2 forms
- ☐ I have not yet filed 2024 Taxes: Submit 2024 W-2 forms, if submitted after January 01, 2025
- ☐ I will not file 2024 Taxes

SECTION D: PLEASE NOTE: Forms should be completed and all documentation provided prior to determinations. Please allow 20 business days for processing. You will be notified of the results by student e-mail.

By typing my name below, I understand and agree that this form of electronic signature has the same legal force and effect as a manual signature and certifies that all the information contained on this form and the attached documentation submitted is complete and correct. If I purposely give false or misleading information I may be fined, sentenced to jail, or both and may result in denial of my request.

Student Signature:	Date:
Parent Signature:	Date:

If the submit button does not work, then attach this form to an e-mail to: financialaid@trcc.edu

Three Rivers College is an equal opportunity institution that commits itself to the policy that there will be no unlawful discrimination against any person because of race, color, gender, sexual orientation, religion, age, disability, or national origin.