



1109 W. Panola
Carthage, TX 75633
Phone 903.693.2035
Fax 903.693.1122

2017-2018 Special Circumstances Form

Student's Name _____ Student ID _____

Before a special circumstance can be processed, an Income Tax transcript and the verification work sheet must be on file in the financial aid office.

Please Check	Special Circumstance	Required Supporting Information
<input type="checkbox"/>	Loss of Employment (reduces your family's anticipated 2016 total income)	Termination notice (Must be 10 weeks) Copy of the last/most recent pay stub Copy of unemployment benefits
<input type="checkbox"/>	Significant Change in Income	Copy of Letter of Explanation
<input type="checkbox"/>	Medical Expenses	Documentation of current expenses paid
<input type="checkbox"/>	Other	Description of the circumstances

Describe your special circumstances below: Please be specific including all **important dates**.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Panola College is an Equal Opportunity Institution that provides educational and employment opportunities on the basis of merit and without discrimination because of race, color, religion, sex, age, national origin, veteran status or disability.



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Projected Income Statement

Student's Name _____ Student ID _____

Your family has indicated a change in financial circumstances from that which was reported on the 2017-2018 Free Application for Federal Student Aid (FASFA). Please complete the information requested below and provide documentation as applicable (e.g. , copy of the last/most recent pay stub, statement of unemployment, termination notice from employer, severance statement, etc.), Forms may be scanned and emailed to fao@panola.edu or fax 903.693.1122.

Parent Income (if applicable)	Amount	Student Income	Amount
Father/Step Father wages		Student Wages	
Mother/Step Mother wages		Spouse wages	
Unemployment compensation		Unemployment compensation	
Child support received		Child support received	
Child support paid		Child support paid	
Actual Medical Expenses paid		Actual Medical Expenses paid	
Actual Private School paid		Actual Private School paid	
Total Income		Total Income	

Certification:

All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that the Student Aid Report (SAR) must be verified before any changes can be made. Therefore, I must submit an Income Tax Transcript and a Panola College Verification Worksheet.

Student Signature _____ Date _____

Parent Signature _____ Date _____

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