

2026-2027 - Centralia College Special Circumstances Application - Dependent

Student Name _____

Address _____
Street City State Zip code

ctcLink ID _____ Phone Number _____

Check the Loss of Income box that reflects your families situation **and** return this completed form along with:

- 1) **Signed copy of student's and parent's (if applicable) 2024 and 2025 tax return OR transcripts (if filed).**
- 2) **A brief letter explaining your families situation - signed by both student and parent.**
- 3) **Any additional documentation listed below:**
 - If Unemployment/Reduced hours: Copy of employment termination or notification of reduction in hours from employer, verification of unemployment insurance payments and copy of last pay stub.
 - If one-time income: documentation of the one-time income (ex. 1099, tax schedules, etc.).
 - If death of a wage earner: a copy of the death certificate, documentation of any insurance payment expected to be received, etc.
 - If divorce/separation: copy of legal separation or divorce papers, clear documentation concerning expected child and/or spousal support payment, and W2's for separation of income.

Loss of Income (Check all that apply)

My family's income has declined since 2024 due to:

unemployment retirement reduction in hours one-time income received in 2024
 death of a wage earner divorce/separation change of employer

Family size in 2026-2027 year: _____ # in Household _____ # in College

Parent and Student Income Information	Calendar Year <small>Jan. 2026- Dec. 2026</small>	Academic Year* <small>July 1, 2026- June 30, 2027</small>
Mother's Gross Income from Work	\$	\$
Father's Gross Income from Work	\$	\$
Parent's Other Taxable Income - Please circle:(ex. alimony received, business/farm income, rental income, unemployment, capital gains, interest/dividends, other _____)	\$	\$
Parent's Other Non-Taxable Income - Please circle: (ex. child support received, military benefits other than educational benefits, tax-deferred pensions, , other _____)	\$	\$
Parent's Income Exclusions – Please circle: (ex. child support PAID, AmeriCorps award, military benefits other than educational benefits, tax-deferred pensions, , other _____)	\$	\$
Student's Gross Income from Work	\$	\$

***Academic Year requests will not be accepted until December 1, 2026**

CERTIFICATION: I certify that the information provided on this form is true and figures provided are accurate to the best of my ability.

Student Signature/Date

Parent Signature/Date

Note: Special Condition Applications will be considered incomplete if documentation is not provided to support changes. Provide a letter that gives a clear time-line to your income/situation change. Please be specific about the date(s) that changes occurred as well as any amounts. Notification and documentation for all current and anticipated income must be provided based on the calendar year or academic year information being reviewed.

Incomplete paperwork will not be processed. If you have any questions please contact our office at ccfinancialaid@centralia.edu or 360-623-8975.