



**Section 4**

**Death of parent or spouse**

Name of the deceased \_\_\_\_\_

Date of the death \_\_\_\_\_

Please attached proof of death

**Section 5**

**Disability of student/parent/spouse**

Name of the person receiving disability \_\_\_\_\_

Date the disability started \_\_\_\_\_

Please provide additional proof (e.g. letter, end of the year statement, etc.)

**Section 6**

**Loss of "one time" income (for example, inheritance, moving expenses, back pay from social security rollover to IRA/pension account).**

What was the one time income? \_\_\_\_\_

What was the one time income used for:

\_\_\_\_\_  
\_\_\_\_\_

**Section 7**

**Loss of child support or alimony**

Date you received \_\_\_\_\_ and amount \$ \_\_\_\_\_ per month.

Date the support or alimony stopped \_\_\_\_\_

If child support, name of children you are no longer receiving child support for \_\_\_\_\_

Do you receive child support for other children? \_\_\_\_\_

**Section 8**

**Please explain in detail the circumstance(s) listed above on a separate piece of paper**

**Section 9**

**CERTIFICATION: ALL PARTIES INVOLVED MUST SIGN AND DATE THIS FORM**

All information on this form is true and complete to the best of my knowledge. I agree to provide any documentation needed to verify special circumstances.

\_\_\_\_\_  
Student and/or Spouse's Signature      Date

\_\_\_\_\_  
Father or Mother's Signature      Date

NOTE: This information will be included in your file and will be considered when your eligibility is determined. If there are more specific questions when your file is being reviewed, you will be contacted. If you need to include any additional information or forms, please attach them to this form.

**What happens after all complete forms are submitted?**

Your information will be reviewed by the Director of Financial Aid. You will receive a reply notifying you of the status of your application and/or requesting additional documentation, if needed. Please be aware that due to the sensitive nature of your request the process does take additional time.

If you would like to speak to someone about your circumstances, please call the office at (603) 752-1113.

**Return form to:      White Mountains Community College  
   2020 Riverside Drive, Berlin, NH 03570**