Tompkins Cortland Community College
Financial Aid Office
170 North Street, PO Box 139
Dryden, NY 13053-0139
Phone (607) 844-6580 FAX 607) 844-6538

The Tompkins Cortland Community College financial aid office has the ability to adjust a student's cost of attendance or the data used determine a student's EFC, Expected Family Contribution.

A special circumstance can be initiated by the student or parent based on a change in situation from the reported years information. By completing the request for a special circumstance you are initiating the process. The financial aid office will contact you to request the documentation necessary for your specific situation. Once you have completed the form please submit it to the financial aid office.

The Special Circumstance is available on the Tompkins Cortland Community College web page, https://www.tompkinscortland.edu/admissions/important-forms, or in the financial aid office by request.

Return this form to:

Tompkins Cortland Community College Financial Aid Office
P.O. Box 139, 170 North Street
| Dryden, New York 13053-0139
Phone: 607.844.6580 | Toll Free: 888.567.8211 |
Email: aid@tompkinscortland.edu |Fax: 607.844.6538

TOMPKINS CORTLAND COMMUNITY COLLEGE

2025-2026 SPECIAL CIRCUMSTANCE FORM

Student Name_____ Student ID # _____

Current Address: _____

Phone #_____ Email Address _____**@mymail.tc3.edu**

INSTRUCTIONS: Read through reasons below and check all boxes that apply to your situation. The financial aid office will be in contact with you to request any documentation needed.

SPECIAL CIRCUMSTANCE (Please check the reason for your Special Circumstance Request)

___Reduction in income

___Separation or Divorce

___Loss of Taxable/Untaxed Income (such as child support, social security, alimony, etc.)

___Death of Parent or Spouse

___Medical/Dental Expense (expenses paid in calendar year 2023 not covered by insurance)

HOUSEHOLD INFORMATION – LIST ALL MEMBERS INCLUDED IN YOUR HOUSEHOLD

	NAME	RELATIONSHIP	AGE	NAME OF COLLEGE (if enrolled)
1.	_____	Self	_____	Tompkins Cortland Community College
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

BRIEF EXPLANATION for the SPECIAL CIRCUMSTANCE REQUEST (attach a separate sheet if needed) Please print.

_____

_____

_____

_____

_____

_____

_____

SIGNATURE:

Student's signature	Date
Student's Spouse's signature (if applicable)	Date
Parent's signature (if student is dependent)	Date

FOR OFFICE USE ONLY:

Prior Year Special Circumstance?	Yes	No	
Special Circumstance Approved:	Yes	No	Old EFC ___
Special Circumstance Denied:	Yes	No	New EFC __

Sent Letter:_____ Approved by:_____ Date_____