

Special Circumstances Appeal Form 2024-2025

LAMAR STATE COLLEGE * PORT ARTHUR		
Student Information		
Name	ID#	
Directions		
This form may be used for the 2024-2025 academic year if Application for Federal Student Aid (FAFSA) has changed or i		
To apply, type a detailed letter explaining the circumstances. appropriate required documentation. Submit this complete Port Arthur Financial Aid Office using your preferred method	ed form and all supporting documents to Lamar State College	
Mail: LSCPA Office of Financial Aid • PO Box 310 • Port Arthur, TX 77641 Drop off: 304 Student Center Scan and email: FinancialAid@lamarpa.edu Fax: 409-984-6025		
Your application will only be reviewed once. Verification take E-mail of the decision or if any additional information is need		
Check all that Apply		
Independent Students	Dependent Students	
□ Loss of employment or change of employment status for you or your spouse for at least 10 weeks * □ Divorce/separation or death of your spouse. □ Loss of untaxed income (Social Security benefits, pension, etc.)* □ Disability of you or your spouse. □ Unusual medical or dental bills or handicapped-related expenses (7½% of adjusted gross income).*	 □ You or your parents' loss of employment or change of employment status for at least 10 weeks. * □ Divorce/separation or death of a parent. □ Loss of untaxed income (Social Security benefits, pension, etc.)* □ Disability of you or your parent. □ Unusual medical or dental bills or handicapped-related expenses (7½% of adjusted gross income).* 	
□ Other unusual debt or expenses	□ Other unusual debt or expenses.	

Adjustment to Income Chart

	STUDENT OR SPOUSE	PARENT
Wages, Salaries, Severance Pay	\$	\$
Other taxable income	\$	\$
Untaxed Social Security benefits	\$	\$
TANF/Welfare	\$	\$
Child Support	\$	\$
Other untaxed income	\$	\$
Unemployment benefits to be received	\$	\$
Total income	\$	\$
Adjusted Gross Income	\$	\$
Taxes paid	\$	\$
EIC	\$	\$

^{*} Please complete the Adjustment to Income Chart below

Required Documentation

Loss of employment or change in employment status

We cannot adjust for a loss of overtime or if you are selfemployed.

- Letters from prior employers, stating termination/layoff dates on letterhead, signed, dated and includes title/position and telephone number.
- If you are currently employed, a copy of the last pay statement for 2023 from your current employer indicating employment start date and year—to-date earnings.
- Copy of 2022 Tax Return Transcript, W2's and/or 1099s
- Copy of 2023 Tax Return Transcript, W2's and/or 1099s
- Unemployment recap showing amount of benefits received and expected unemployment received in 2023/2024 OR notarized statement indicating no benefits received in 2022. *
- Documentation of any severance pay received, IRA's, stocks, bonds, pensions, etc. converted to cash.

Divorce or separation of student or parent

- Divorce copy of divorce decree (certified)
- Separation copy of the legal separation document; a signed statement from your attorney, showing the date of separation; or two notarized statements from an unrelated third party and documentation showing two (2) separate households.
- Copy of 2022 Tax Return Transcript, W2's and/or 1099s

Death of a spouse or parent

- A death certificate
- Copy of 2022 Tax Return Transcript, W2's and/or 1099s

Loss of untaxed income

 A copy of a letter from the agency that provided benefits, detailing termination of benefits, and copies of Summaries of benefits.

Disability of student, spouse or parent

- Medical documentation of disability and of any benefits received as a result of the disability.*
- Copy of 2022 Tax Return Transcript, W2's and/or 1099s

Unusual medical or dental bills or handicapped-related expenses

 A copy of Schedule A of the Federal Tax Transcript or canceled checks or receipts showing amount paid with statement from insurance company showing expenses were not reimbursed.

Other unusual circumstance not covered above

Explanation and documentation

Certification and Signatures

I hereby certify that all information contained in this appeal, including the personal statement and documentation, is true and complete to the best of my knowledge.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

I understand that it is my responsibility to pay all outstanding balances on my account while waiting for an appeal decision. Regardless of the appeal decision, I am responsible for any late fees incurred. My appeal will not be reviewed until all documentation has been received. I will receive an email notifying me once it has been reviewed.

Student's Signature Date		Parent's Signature (if applicable)	Date		
	ice Use O	nly			
	Approved				
	Rejected	Financial Aid Officer: _		Date:	

Financial Aid Office: Student Center Room 304
Mail: PO Box 310 Port Arthur, TX 77641
Phone: 409-984-6203 * Fax: 409-984-6025
FinancialAid@lamarpa.edu

^{*}Required for student and parent(s) if dependentrequired for student/spouse if independent.

^{*}Required for student and parent(s) if dependent – required for student/spouse if independent.