



Financial Aid

College of the Siskiyous, 800 College Ave., Weed, CA 96094
Phone: (530) 938-5209 - Fax: (530) 938-5376 – Email: financialaid@siskiyous.edu

2025-2026 Special Conditions Request – 2024 Actual Income

Student ID #: _____

Last Name: _____

First Name: _____

Instructions: You are submitting this appeal to request a review of extenuating circumstances not represented in your financial aid application. Attach your statement and supporting documents. **We will neither accept nor process changes without documentation.** All other requested financial aid documents must be submitted before your request for recalculation can be processed. We may contact you to request additional information if the circumstances are not well explained/documented. Only certain circumstances qualify for review and all decisions are final. No new information will be considered once a decision has been made. You will be notified of the acceptance or denial of this application via your College of the Siskiyous student email.

Please note: Applications may take as long as 4 to 8 weeks to process.

SECTION 1: Reason for Loss of Income or Benefits

- Student and/or Spouse’s 2024 income and/or benefits will be LESS than 2023 due to:
 - Student and/or Parent(s) 2024 income and/or benefits will be LESS than 2023 due to:
- | | |
|---|---|
| <input type="checkbox"/> Loss of Employment | <input type="checkbox"/> Job Change |
| <input type="checkbox"/> Reduction in Work Hours | <input type="checkbox"/> Loss of Benefits (child support, unemployment, etc.) |
| <input type="checkbox"/> One Time Income Received | <input type="checkbox"/> Other (Specify) _____ |

SECTION 2: Change Form & Detailed Statement

Student, please input your income information

Month	Student Income Earned From Work	Student Income From Unemployment or Other Benefits
Jan. 2024		
Feb. 2024		
Mar. 2024		
Apr. 2024		
May 2024		
Jun. 2024		
Jul. 2024		
Aug. 2024		
Sep. 2024		
Oct. 2024		
Nov 2024		
Dec 2024		

Dependent Student input Parent information; Married students input Spouse information

Month	Parent/Spouse Income Earned from work	Parent/Spouse Income From Unemployment or Other Benefits
Jan. 2024		
Feb. 2024		
Mar. 2024		
Apr. 2024		
May. 2024		
Jun. 2024		
Jul. 2024		
Aug. 2024		
Sep. 2024		
Oct. 2024		
Nov. 2024		
Dec. 2024		

Detailed Statement

Please explain how your financial circumstances have changed in 2024. Your statement should explain clearly how your circumstances have changed over the year, what type of income you now are earning, how much assistance you are receiving or if you are no longer receiving any wages or benefits.

Please include both your information and your parents' if you are a dependent student.

Write your statement in chronological order, beginning in January 2024 and proceeding to December 2024. Please include all relevant information, including the following:

- Financial changes that have taken place (ex: loss of job, reduction in hours, new employment, unusual expenses, etc.).
- Date of financial change. If any income or benefits have stopped, please state clearly when they stopped.
- Income amount received before and after the financial change occurred (may need to estimate future income).
- Past and present employment information (ex: place of employment, date range, pay rate, etc.).

- Status of unemployment/disability benefits (ex: start and end dates of benefit, benefit amount(s) received, etc.).
- If you receive no income from wages or any type of benefit, state this clearly (ex: unemployment, disability, etc.).
- Any other additional information that will help describe your financial situation.

Independent Students: If you are married, you must also state the above information for your spouse.

Dependent Students: If you are a dependent student, you must state the above information for your parent(s).

SECTION 3: Types of Document(s) that are Attached

- A letter from your former employer identifying the change (loss of employment and/or reduction of work) and the date when it occurred. The letter must be on company letterhead.
- 2024 W-2 and 2024 Tax Return Transcript.
- A copy of your most recent check stub from unemployment, Social Security or other types of financial assistance (if applicable).
- Other (please specify): _____

SECTION 4: Actual 2024 wage income and/or benefit amount(s)

Do Not Leave Student Column Blank

	Student	Spouse / Parent(s)
Wages from Jan. 1, 2024 to Dec. 31, 2024		
Other actual 2024 benefits / income *		

*(Include unemployment, disability, social security, pension and/or other income not reported in wages above. Please list the sources below)

Source: _____

Source: _____

Source: _____

Source: _____

Source: _____

Source: _____

CERTIFICATION: All of the information on this form is true and complete to the best of my knowledge. I understand that the information submitted is subject to verification. I understand that if I do not provide documentation, my request for review of special circumstances will not be processed. False statements or misrepresentations will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

Student Signature: _____

Date: _____

Parent Signature (dependent students): _____

Date: _____

Fall Only Deadline: November 3, 2025

Spring/Full Year: Deadline: April 3, 2026