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

2026-2027 Special Conditions Request – 2026 Estimated 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 6 weeks to process.

SECTION 1: Reason for Loss of Income or Benefits

○ Student and/or Spouse's 2026 income and/or benefits will be LESS than 2024 due to:

○ Student and/or Parent(s) 2026 income and/or benefits will be LESS than 2024 due to:

☐ Loss of Employment

☐ Reduction in Work Hours

☐ One Time Income Received

☐ Job Change

☐ Loss of Benefits (child support, unemployment, etc.)

☐ 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. 2026		
Feb. 2026		
Mar. 2026		
Apr. 2026		
May 2026		
Jun. 2026		
Jul. 2026		
Aug. 2026		
Sep. 2026		
Oct. 2026		
Nov 2026		
Dec 2026		

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. 2026		
Feb. 2026		
Mar. 2026		
Apr. 2026		
May. 2026		
Jun. 2026		
Jul. 2026		
Aug. 2026		
Sep. 2026		
Oct. 2026		
Nov. 2026		
Dec. 2026		

Detailed Statement

Please explain how your financial circumstances have changed in 2026. 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 2026 and proceeding to December 2026. 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.

☐ A copy of your most recent pay stub showing the year-to-date earnings (if this document is submitted before Jan. 31, 2026) or a **W-2 and 2026 Tax Return Transcript (if this document is submitted after Jan 31, 2027).**

☐ 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: Current (year-to-date) and projected 2026 wage income and/or benefit amount(s)

Do Not Leave Student Column Blank

	Student	Spouse / Parent(s)	Todays Date
Current Year-to-Date wages from Jan. 1, 2026 through today	$	$	
Projected Wages from today through Dec. 31, 2026	$	$	
Other projected benefits / income from Jan 1, to Dec 31, 2026*	$	$	

*(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 26, 2026

Spring/Full Year: Deadline: April 29, 2027