



Financial Aid Office
2715 Dickinson St
Miles City, MT 59301
Phone: (406) 874-6208
Fax: (406) 874-6283

2026-2027 Special Circumstances Request

Why make a request?

The MCC Financial Aid Office uses the information off your FAFSA to generate your aid offer for the academic year. We know that what you have provided on your FAFSA may not accurately reflect your family's current financial circumstances. This form is made available, so that you can address those circumstances. Please follow the instructions to provide our office with more information.

INSTRUCTIONS

1. File a 2026-2027 Free Application for Federal Student Aid (FAFSA) at
<https://studentaid.gov/h/apply-for-aid/fafsa>
2. Write a brief description of your financial situation
3. Attach all requested documentation
4. Provide a signed copy of most recent Federal tax return or IRS tax return transcript
5. Complete, sign and submit this form and supporting documentation to the financial aid office:
 - a. Via secure upload: [Document Upload](#)
 - b. Via fax: 406-874-6283
 - c. Via mail:
MCC Financial Aid Office
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Miles City, MT 59301



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Student name:	ID:
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Did you/your family experience...	Parent or Student	Documentation
<input type="checkbox"/> Loss of income due to loss of work or reduction of income	You, your spouse or parent(s) have experienced a loss of employment or change in employment that has changed income from 2024, that is reflected in the 2025 or 2026 calendar year	State Unemployment Document or Notice of termination; Proof of 2025 or 2026 income earned (paystubs)
<input type="checkbox"/> Separation or Divorce	After filing the FAFSA, your or parent(s) separated, or divorced	Copy of separation or divorce papers; W-2's
<input type="checkbox"/> Death of Parent or Spouse	After filing the FAFSA, your spouse or parent(s) died	Copy of death certificate or obituary
<input type="checkbox"/> One-time Income	You, your spouse, or parent(s) received a one-time income (other than wages) in 2024 and did not or will not receive that income in the 2025 or 2026 calendar year	Proof of one-time income; Explanation as to why it is not recurring
<input type="checkbox"/> Unusual debt or expenses	You, your spouse, or parent(s) incurred unusual debt or expenses in the calendar year 2025 and/or 2026 that has created financial hardship (e.g. medical, dental, legal, etc.)	Copy of out of pocket expenses (cancelled checks, credit card statements, receipts)
<input type="checkbox"/> Loss or reduction of non-taxable benefits	You, your spouse, or parent(s) received benefits in 2024 and had a loss or reduction of that benefit in calendar year 2025 or 2026 (e.g. child support, disability, etc.)	Letter from appropriate agency or authority that details the date benefits ended, type and amount of benefits
<input type="checkbox"/> Other financial hardship not listed above	You, your spouse, or parent(s) has a situation not described in one of the above categories that you would like to have reviewed by the Financial Aid Office	Statement of the nature and financial impact of hardship



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Provide a brief description of why you are submitting a request:

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2025 INCOME and 2026 PROJECTED INCOME

Please provide your 2025 earnings and your best estimate for your 2026 income

Parent's Financial Information after loss of income Complete parent information only if the student is dependent	2025 Actual Income	2026 Projected Income
Parent 1 Gross Income from Work		
Parent 2 Gross Income from Work		
Parent's Other Taxable Income (ex. Alimony received, business income, rental income, unemployment, capital gains, interest/dividends, etc.)		
Parent's Other Non-Taxable Income (ex. Child support, military benefits other than educational benefits, tax-deferred pensions, etc.)		
Student Income Information		
Student's Gross Income from Work		
Spouse's Gross Income from Work (if applicable)		
Student and Spouse's Other Taxable Income (ex. Alimony received, business income, rental income, unemployment, capital gains, interest/dividends, etc.)		
Student and Spouse's Other Non-Taxable Income (ex. Child support, military benefits other than educational benefits, tax-deferred pensions, etc.)		

Signatures

By signing this form, I certify that all the information reported on this form is complete and accurate to the best of my knowledge. I understand that if I have purposely given false or misleading information on these documents, I could be fined and/or sent to jail.

Student Signature

Parent Signature