



Special Circumstances Appeal Form 2026-2027

Student Information

Name _____ ID # _____

Directions

This form may be used for the 2026-2027 academic year if the financial situation used in the completion of your Free Application for Federal Student Aid (FAFSA) has changed or if you had unusual circumstances occur in 2026 or 2027.

To apply, type a detailed letter explaining the circumstances. Be sure to include all relevant names and dates. Collect the appropriate required documentation. Submit this completed form and all supporting documents to Lamar State College Port Arthur Financial Aid Office using your preferred method.

Mail: LSCPA Office of Financial Aid ▪ PO Box 310 ▪ Port Arthur, TX 77641
Scan and email: FinancialAid@lamarpa.edu

Drop off: 304 Student Center
Fax: 409-984-6025

Your application will only be reviewed once. Verification takes about 2 weeks during peak time. You will be informed by E-mail of the decision or if any additional information is needed.

Check all that Apply

Independent 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).*
- ☐ Other unusual debt or expenses.

Dependent Students

- ☐ 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.

* Please complete the Adjustment to Income Chart below

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	\$	\$

Required Documentation

Loss of employment or change in employment status

We cannot adjust for a loss of overtime or if you are self-employed.

- 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 2026 from your current employer indicating employment start date and year-to-date earnings.
- Copy of 2024 Tax Return Transcript, W2's and/or 1099s
- Copy of 2025 Tax Return Transcript, W2's and/or 1099s
- Unemployment recap showing amount of benefits received and expected unemployment received in 2026/2027 OR notarized statement indicating no benefits received in 2024. *
- Documentation of any severance pay received, , stocks, bonds, pensions, etc. converted to cash.

*Required for student and parent(s) if dependent—required for student/spouse if independent.

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 2024 Tax Return Transcript, W2's and/or 1099s

Death of a spouse or parent

- A death certificate
- Copy of 2024 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 2024 Tax Return Transcript, W2's and/or 1099s

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

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 _____

Office Use Only

☐ 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@lamaripa.edu