



Financial Aid Office
855 North Vermont Avenue
Los Angeles, CA 90029
Phone (323) 953-4000 Ext. 2025
Fax (323) 953-4013
Email finaid@lacitycollege.edu

SPECIAL CIRCUMSTANCE FORM

Student's Name

Social Security Number or Student ID

Please use this form to explain any special circumstance you may have and wish to be considered in the processing of your financial aid application. Any letter and/or documents that support your special circumstance should be submitted with this form to the Financial Aid Office. Please print your explanation legibly using **INK** pen. Attach additional pages if you need more space to write.

Please consider the following special circumstance in evaluating my eligibility for financial aid for the _____ academic year. I have attached all pertinent documents in support of my request.

Student's Signature

Date