



Office of Financial Aid
 323 Erie Street, P.O. Box 5015, Port Huron, Michigan 48061-5015
 810-989-5530 fax 810-989-5774 sc4.edu

Student ID: _____
Rec'd by: _____
Date: _____

2025-26 Unusual Circumstance Form

A. Student's Information:

Last Name _____ First Name _____ MI _____

Student's Social Security _____ Student Date of Birth _____

Street Address _____ City _____ State _____ Zip _____

Student's Phone _____ Student's Email _____

B. Student Personal Circumstances (check all that apply):

- The student is currently serving on active duty in the U.S. armed forces for purposes other than training.
- The student is a veteran of the U.S. armed forces.
- The student has children or other people (excluding their spouse) who live with the student and receive more than half of their support from the student now and between July 1, 2025 and June 30, 2026.
- At any time since the student turned 13, they were an orphan (no living biological or adoptive parent).
- At any time since the student turned 13, they were a ward of the court.
- At any time since the student turned 13, they were in foster care.
- The student is or was a legally emancipated minor, as determined by a court in their state of residence.
- The student is or was in a legal guardianship with someone other than their parent or stepparent, as determined by a court in their state of residence.
- None of these apply.

C. Student Other Circumstances:

At any time on or after July 1, 2024 were you unaccompanied and either (1) homeless or (2) self-supporting and at risk of being homeless?

- Yes
- No

If the answer is yes, did any of the following determine you were homeless or at risk of being homeless, select all that apply:

- Director or designee of an emergency or transitional shelter, street outreach program, homeless youth drop-in center, or other program serving those experiencing homelessness
- The student's high school or school district homeless liaison or designee
- Director or designee of a project supported by a federal TRIO or GEAR UP program grant
- None of these apply



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Student's Name: _____ SSN: _____

D. Student Unusual Circumstances

Do unusual circumstances prevent you from contacting your parents or would contacting your parents pose a risk to you?

- Yes
 No

A student may be experiencing unusual circumstances if they:

- Left home due to an abusive or threatening environment;
- Are abandoned by or estranged from their parents;
- Have refugee or asylee status and are separated from their parents, or their parents are displaced in a foreign country;
- Are a victim of human trafficking;
- Are incarcerated, or their parents are incarcerated, and contact with the parents would pose a risk to the student;
- Are otherwise unable to contact or locate their parents.

Please take this space to share why you are in an unusual circumstance. Please note that you may be asked to provide proof by a counselor or other professional of this circumstance.

I certify that all the information reported on this worksheet is complete and accurate. I understand that if I purposely give false or misleading information, I could be fined, jailed or both.

Student's Signature _____ Date _____
Please print and sign this form

**Submit this worksheet to the Financial Aid Office at SC4, Welcome Center, Rm 251.
or by email at financialaid@sc4.edu**