



INCLUSIVE WEBSITE EXPERIENCE

Lake-Sumter State College is committed to ensuring that all students and visitors, including persons with disabilities, are able to access and use all of our services, programs and activities. We recognize that many individuals are increasingly using our website to access information and obtain services.

We understand that website users who have disabilities may use the website with the assistance of technology, including screen readers, captioning, transcripts, and other auxiliary aids and services. We are committed to providing all website users with information about our services and alternative ways we can offer these services.

Lake-Sumter State College is committed to making our websites accessible to all audiences. We are continually seeking solutions to improve LSSC.edu. Our website offers a wide range of information, and we recognize that for users with disabilities, some material on our site may pose challenges. If there are changes we can make to our website to make it easier to use, or if you encounter material or services that you cannot access, please let us know. Your feedback helps us to identify areas where we can improve.

We strive to ensure that our website will comply with Web Content Accessibility Guidelines (WCAG) put forth by the World Wide Web Consortium (W3C), but recognize that alternatives to using the website should be available in the event that a user with a disability encounters a problem using our website.

If you are unable to access information or documents posted on this website, please send us an email at websupport@lssc.edu with as much of the following information as possible:

- Your name
- Your phone number
- Your email address
- The date and time you encountered the problem
- The web page or address where the problem occurred
- What occurred or what you were unable to do
- Any error messages you received.



Lake Sumter State College

FINANCIAL AID OFFICE PROFESSIONAL JUDGEMENT 2018-2019

Deadlines	
Fall 2018	September 2, 2018
Spring 2019	January 13, 2019
Summer 2019	May 11, 2019

Please complete the following information:

Student Name: _____ ID# _____

Phone Number: _____ - _____ - _____ Email Address _____

The following are the only situations that will be considered. Check the boxes applicable to your situation and include all supporting documentation. Incomplete Requests will not be processed and will further delay consideration of the student's file. Please note that a determination can take as long as 2 months; therefore, be prepared to pay for classes up front. Students will be reimbursed to the extent of eligibility if he/she is awarded aid.

1. Loss of income (such as company lay off from job or separation from military)
Documentation needed:
- Unemployment compensation – Statement from the Department of Labor
 - Termination letter from previous employer.
 - Statement regarding severance pay from previous employer.
 - Copy of start letter and salary quote from current/new employer.
 - Copy of most recent pay stub.
 - Letter from Social Security regarding loss of benefits
 - Official statement regarding workman's compensation/disability benefits
 - Police report of accident.(If applicable)
 - Copy of DD214 (if applicable)
2. Divorce/ Separation subsequent to filing your FAFSA
Documentation needed:
- Copy of separation/divorce agreement
 - Explanation of income and asset breakdown from attorney or court records.
 - Statement regarding alimony/child support from attorney or court records.
3. Medical, dental, or nursing home expenses not covered by insurance that you were not able to deduct on your 2016 federal tax form.
*Co-pays and deductibles are not considered unreimbursed medical expenses.
Documentation needed:
- Copy of medical, dental, or nursing home bills for calendar year 2016
 - Verification of payment
4. Loss of income due to the death of a spouse/relative
Documentation needed:
- Copy of death certificate or death announcement.

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NOTE: Additional supporting documentation needed for all situations:

- Written statement from student of unusual circumstances
- Student's **2016** and **2017** IRS Federal Tax Transcripts (including 2016 and 2017 W-2 forms)
- Parent's **2016** and **2017** IRS Federal Tax Transcript (including 2016 and 2017 W-2 forms)
- **2018-2019** Standard Verification worksheet

- **Change in income. Attach proof.**

Family Income Information **Amount for 2017** **Amount for 2018**

Student's Total Income		
Spouse's Total Income		
Mother's Total Income		
Father's Total Income		
Other Income (explain)		
Other Income (explain)		
Total Income	\$	\$

- **Other Unusual Circumstances.**

Other Income **Amount for 2017** **Amount for 2018**

Total Other Income	\$	\$

- **Medical Expenses:**

Description **Amount Paid By You (Not Covered by Insurance)**

Total Medical Expenses	\$

Additional Information you wish to include:

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CERTIFICATION STATEMENT

I certify that the submitted information is true and correct to the best of my knowledge and belief. I agree to provide proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines, and/or imprisonment in this and/or future years.

Student's signature

Date

Parent's signature (*only if parent information required on FAFSA*)

Date