

**Student Information**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**Check All That Apply**

**Submit all documents required for your special circumstances as listed.**

NOTE: If you are a dependent student, provide documentation for both yourself and your parent(s). If you are married, provide documentation for both yourself and your spouse.

\_\_\_\_\_ A. Decrease in income between 2009-2010 (e.g. termination, lay off) of  
 Student  Spouse  Mother/Step-mother  Father/Step-father  
Required Documentation: Length of unemployment and/or amount of lost wages,  
Letter from employer (if applicable) of downsizing or lay off.

\_\_\_\_\_ B. Extraordinary medical expenses paid by (check box that applies)  
 Student  Spouse  Mother/Step-mother  Father/Step-father  
Required Documentation: List the amount and **attach receipts**.

\_\_\_\_\_ C. Private School Tuition 2009  
Required Documentation: Receipt from school(s) indicating amount paid.

\_\_\_\_\_ D. Other  
Required Documentation: You must provide documentation or an explanation of  
the circumstance in detail.

**Please return this completed application to:  
Clearwater Christian College, Financial Aid Office,  
3400 Gulf-to-Bay Blvd Clearwater, FL 33759  
FAX: (727) 791-1347**