

2026 – 2027 SPECIAL CIRCUMSTANCE REQUEST

Student Name: _____

Student ID: _____

Financial aid eligibility for the 2026-2027 academic year is calculated based on the information you provided on the Free Application for Federal Student Aid (FAFSA) using your 2024 tax return information.

The Department of Education and the Office of Financial Aid recognize that many families have changes in income or family situations that cannot be reflected in the 2024 tax return data. For this reason, students may appeal their financial aid eligibility if they have unique financial circumstances.

A Special Circumstance Appeal may be filed if you have extenuating circumstances, which you believe warrant a reevaluation of your financial aid. Circumstances may include, but are not limited to:

- Loss or change of employment, including a separation from the military or retirement
- Loss or change in the amount of child support, Social Security, or other benefits
- Divorce or separation of parents or spouse that occurs after the date the FAFSA was filed
- Death of parent(s) or spouse that occurs after the date the FAFSA was filed
- Unusual medical expenses (not covered by insurance) that make up more than 11 percent of your annual income
- One-time taxable income used for life-changing events (e.g., IRA, pension distribution, back-year Social Security payments)

Circumstances that are NOT considered extenuating include (but are not limited to) standard living expenses such as utilities and mortgage expenses, car payments, credit cards, other personal debt, and all other discretionary expenses.

Please allow up to two weeks for processing after all documentation has been submitted. The submitted documentation will not be returned, so please do not send original documents. You will receive notification of the Office of Financial Aid's decision via email. All decisions made by the Office of Financial Aid regarding special circumstances are final. Please print, sign, and email all documents.

I (we) certify that the information provided above is true and accurate to the best of my (our) knowledge. I (we) understand that submitting misleading or false information can jeopardize financial aid eligibility and may result in federal penalties. If additional information is requested, I (we) agree to provide the institution with any supporting documentation necessary to verify the information stated above. Failure to provide this information will result in this request not being processed.

*The student and at least one parent (for dependent students) must sign this document. **Please note that we do not accept typed or electronic signatures.***

Student's Name (Print)

Student's Signature

Date

Parent's Name (Print)

Parent's Signature

Date

Student Name: _____

ID: _____

Check the box or boxes that apply to your situation and include ALL documentation listed next to each reason:

Reason	Documentation Required
<input type="checkbox"/> Loss or change of employment	<ul style="list-style-type: none"> ○ Detailed letter explaining your circumstances ○ 2025 Tax Return Transcript for student (spouse and parents (if dependent) ○ 2025 W-2's for student (spouse) and parents (if dependent) ○ Letter from former employer(s) stating last date of employment ○ Copy of unemployment compensation letter or signed statement that you did not or will not receive unemployment benefits ○ Copy of last paystub(s) from former employer(s) and current employer(s), if applicable. ○ Copy of DD214 and LES if the request is due to discharge from active military duty
<input type="checkbox"/> Loss or change in the amount of child support, Social Security, or other benefits	<ul style="list-style-type: none"> ○ Detailed letter explaining the circumstances ○ 2025 Tax Return Transcript for student (spouse) and parents (if dependent) ○ 2025 W-2's for student (spouse) and parents (if dependent) ○ If the benefit is terminated, provide documentation of the monthly benefit amount and date of benefit termination ○ If benefits are reduced, provide documentation of the original amount, the date of reduction, and the reduced amount
<input type="checkbox"/> Divorce or separation of parents or spouse	<ul style="list-style-type: none"> ○ Detailed letter explaining the circumstances ○ 2025 Tax Return Transcript for student (spouse) and parents (if dependent) ○ 2025 W-2's for student (spouse) and parents (if dependent) ○ Copy of separation documentation, proof of separate households, or divorce decree
<input type="checkbox"/> Death of parent(s) or spouse	<ul style="list-style-type: none"> ○ Detailed letter explaining the circumstances ○ 2025 Tax Return Transcript for student (spouse) and parents (if dependent) ○ 2025 W-2's for student (spouse) and parents (if dependent) ○ Copy of death certificate
<input type="checkbox"/> Unusual medical expenses (not covered by insurance) that make up more than 11% of your income	<ul style="list-style-type: none"> ○ Detailed letter explaining the circumstances ○ 2025 Tax Return Transcript for student (spouse) and parents (if dependent) ○ 2025 W-2's for student (spouse) and parents (if dependent) ○ Proof of payment not covered by insurance ○ Complete chart on page 4
<input type="checkbox"/> One-time taxable income used for life-changing events (e.g., IRA, pension distribution, back-year Social Security payments)	<ul style="list-style-type: none"> ○ Detailed letter explaining the circumstances ○ 2025 Tax Return Transcript for student (spouse) and parents (if dependent) ○ 2025 W-2's for student (spouse) and parents (if dependent) ○ Documentation to identify the source of income ○ Proof of payment and itemized statement showing how the funds were spent
<input type="checkbox"/> Student's parent has retired	<ul style="list-style-type: none"> ○ Detailed letter explaining the circumstances ○ 2025 Tax Return Transcript for student (spouse) and parents (if dependent) ○ 2025 W-2's for student (spouse) and parents (if dependent) ○ Documentation of monthly income sources for all retirement income, including social security (if applicable)
<input type="checkbox"/> Other	<ul style="list-style-type: none"> ○ Detailed letter explaining the circumstances ○ 2025 Tax Return Transcript for student (spouse) and parents (if dependent) ○ 2025 W-2's for student (spouse) and parents (if dependent) ○ Documentation of unreimbursed costs

During our review, we may request further documentation to better determine your eligibility for a Special Circumstances Adjustment.

Student Name: _____

ID: _____

Complete the income tables below. Dependent students should complete both the student and parent sections. Independent students should complete only the student section and, if applicable, the spouse section.

Do not leave any blank spaces. Enter "0" if not applicable

2025 Untaxed Income				
Untaxed Income	Student	Parent 1	Parent2	Student's Spouse (Independent if Applicable)
Child support received for all children. Do not include foster care or adoption payments	\$	\$	\$	\$
Housing and food allowances paid to members of the military, clergy, or others include case payments and the cash value of benefits.	\$	\$	\$	\$
Worker's Compensation and/or Disability. Do not include social security disability benefits.	\$	\$	\$	\$
Veteran non-education benefits (including disability, death pension, dependency and indemnity compensation (DIC), and/or VA Federal Work Study allowance).	\$	\$	\$	\$
Money received or paid on your behalf (e.g., bill paid) not reported elsewhere.	\$	\$	\$	\$
Other untaxed income not reported above (e.g., 529 Plan distribution other than custodial parent)	\$	\$	\$	\$

Note any changes to 2025's untaxed income expected for 2026:

2026 Projected Income				
Source Of Income	Student	Parent 1	Parent 2	Student's Spouse Independent (if applicable)
Wages, tips	\$	\$	\$	\$
Net Rental/Business Income	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Disability/SSI Benefits	\$	\$	\$	\$
Pension and/or annuity distribution	\$	\$	\$	\$
Child support received	\$	\$	\$	\$
Alimony received	\$	\$	\$	\$
Other (specify): _____	\$	\$	\$	\$

Student Name: _____

ID: _____

Unusual Medical Expense(s) Table: If you did not itemize your medical expense deductions, please complete the table below. Attach supporting statements that detail the date the expenses were incurred, the total amount charged, the amount paid by insurance, and the amount already paid by the patient or family.

Medical Expense Table				
Name of Patient	Date Expenses Incurred	Total Medical Charge	Amount Insurance Paid	Amount Patient/Family Paid (not amount owed)
<i>Example: John Doe</i>	<i>10/9/2025</i>	<i>\$5,000</i>	<i>\$1,000</i>	<i>\$4,000</i>
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Total Amount of Medical Expenses Paid by Patient/Family				\$