

## 2026-2027 Special Circumstances Form

Your 2026-27 financial aid is based on 2024 income reported on the FAFSA. If you and/or your parents experienced a reduction in income or loss of employment that reduced your/their income or limits their ability to contribute toward your educational expenses, you may request that the Financial Aid Office review your circumstances. Complete and return this form to the Financial Aid Office along with documentation to support your request.

**Student Name:** \_\_\_\_\_ **ID:** \_\_\_\_\_

Please Check	Change in Circumstance	Required Supporting Information
	<b>Significant change of income due to loss or change of employment</b> (which reduces your family’s anticipated 2026 total income)	<ul style="list-style-type: none"> <li>• Expected income section completed on page 2 (required)</li> <li>• Copy of the last/most recent pay stubs for the household</li> <li>• Termination/Severance Notice</li> <li>• Copy of unemployment benefits (if applicable)</li> </ul>
	<b>One-time/Non-Recurring Income</b>	<ul style="list-style-type: none"> <li>• Clarification (e.g., IRA distribution, sale of property, inheritance. Form 1099)</li> <li>• Explanation of how income was used with documentation of expenditures</li> </ul>
	<b>Medical Expenses</b>	<ul style="list-style-type: none"> <li>• Explanation of special circumstances and 2026 medical expenses <i>not</i> reimbursed or paid by insurance</li> <li>• Documentation of current/prior year medical bills <i>not</i> reimbursed or paid by insurance</li> </ul>
	<b>Separation/Divorce/Death</b>	<ul style="list-style-type: none"> <li>• <b>2024</b> federal tax return with W-2 statements (if not on file with our office)</li> <li>• Copy of separation/divorce document.</li> <li>• Death certificate</li> </ul>
	<b>Other</b> (e.g., natural disaster)	<ul style="list-style-type: none"> <li>• Description and documentation of the circumstance.</li> </ul>

(continued)

## ADDITIONAL INFORMATION

**Required:** Explain you or your family's circumstances below. Attach a separate document if more space is required.

Name of individual experiencing the wage loss/unemployment

Date when unemployment/reduced income began (if applicable)

2026 Estimated Income	Student	Spouse	Parent(s)
2026 Expected Income from work	\$	\$	\$
2026 Unemployment benefits	\$	\$	\$
2026 Disability income/insurance payout	\$	\$	\$
2026 Veterans non-education benefits	\$	\$	\$
2026 Support from friends/relatives	\$	\$	\$
2026 Child support received for all children	\$	\$	\$
2026 Other income sources:	\$	\$	\$
<b>Total</b>	\$	\$	\$

### STUDENT AND PARENT CERTIFICATION

I hereby certify that all information reported on this form and any attachments hereto are true, complete and accurate. False statements or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

**Warning: According to the U.S. Department of Education, if you purposely give false or misleading information on form, you may be subject to a fine of up to \$20,000 or imprisonment for up to 5 years, or both.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_