

2024-2025 SPECIAL CIRCUMSTANCE REQUEST FORM

Student ID#

Student Full Name

Financial Aid eligibility for the 2024-2025 academic year is based on 2022 family income. Under certain circumstances, it may be possible for the Financial Aid Office to base your eligibility for aid on your current or expected family income or to adjust 2022 income. Complete and return this form to the Office of Financial Aid if you feel that there are extenuating circumstances that should be considered in determining your Financial Aid eligibility. Please include as much documentation as possible. After reviewing your special circumstances documentation, your award package may remain the same, be increased, or reduced based on the financial information that has been submitted. Submitting a request for special circumstances does not guarantee an adjustment will be made to your award package.

Section A - Special Circumstances for Consideration - Please review and indicate which Special Circumstance applies to you. Documentation listed as **required (*)** must be submitted along with this form to review your request. Additional documentation that helps support your request, even if not listed as required, can be submitted as well. For requests submitted **after January 31,** 2025 also submit a copy of your **2024** W2(s) and Tax Return.

Special Circumstance	For a Dependent Student	For an Independent Student	Required Documentation *Required documents subject to change*
Change or loss of wages	You or your contributor(s)' income earned in 2024 will be less than what was earned in 2022.	Your (and/or your spouse's) income earned in 2024 will be less than what was earned in 2022.	Complete copies of: * Explanation of Special Circumstances * IRS Tax Return Transcripts * W2 Wage statement(s) * Unemployment Award Letter * Last pay stub showing year-to-date earnings * Termination notice from employer
Other Loss of Income or Extraordinary Expenses * Alimony * Child Support * Retirement/Pension * Social Security (taxed) * Worker's Compensation * Medical/Dental	You or your contributor(s) received benefits in 2022 which have ceased or been reduced in 2024 or You or your contributor(s) paid expenses not covered by insurance and are over the expected cost of attendance.	You (and/or your spouse) received benefits in 2022 which have ceased or been reduced in 2024 or You (and/or your spouse) paid expenses not covered by insurance and are over the expected cost of attendance.	
Separation or Divorce	Your contributors separated or divorced AFTER filing the FAFSA but no later than 12/31/2024	You and your spouse separated or divorced AFTER filing the FAFSA but no later than 12/31/2024	Complete copies of: * Explanation of Special Circumstances * IRS Tax Return Transcripts * W2 Wage statement(s) * Divorce decree or separation agreement or proof of separate addresses
Death of a Contributor or Spouse	A contributor has died AFTER filing the FAFSA.	Your spouse has died AFTER filing the FAFSA.	Complete copies of: * Explanation of Special Circumstances * IRS Tax Return Transcripts * W2 Wage statement(s) * Death certificate
One-time Payment Received	Your contributors received a one-time lump sum payment of monies in 2022.	You (and/or your spouse) received a one-time lump sum payment of monies in 2022.	Complete copies of: * Explanation of Special Circumstances * IRS Tax Return Transcripts * W2 Wage statement(s) * Documents detailing one-time payment amount, source and reason for payment

Currently
incarcerated or
recently released
from
incarceration

During the 2022, 2023, or 2024 year if your contributor(s) was/were incarcerated and did not receive any income.

During the 2022, 2023, or 2024 year you (and/or your spouse) were incarcerated and did not receive any income.

- * Explanation of Special Circumstances
- * Record of incarceration list provided from your counselor at the institution that you are or were with (dates you were incarcerated for your current/most recent term).



2024-2025 SPECIAL CIRCUMSTANCE FORM

Wages, Tips, Salary Interest and/or Dividend Income Worker's Compensation Pensions and/or Annuities Severance Pay Retirement Benefits Disability Benefits Social Security Benefits (taxable) Child Support Alimony Welfare Benefits Other: TOTAL OF ALL INCOME: Rection D - One-time Payment Amount in 2022 - If your special circumstance is for a one-time payment received in 022, please enter the amount received below.	provide any pertinent information the Make sure to sign your written state	-	and your particular situation	. Include dates circur	mstances occurred/ended.	
Year Year Year You are required to provide your received and/or expected income for the appropriate categories listed below. If no income is recond/or expected for a category. input "0" do not leave any blanks. In addition to the required documentation listed on page 1, yo submit proof of all income figures provided below (e.g., for wages, supply a copy of your most recent pay stub). Source of Income Father/Step Father Mother/Step Mother Student Student's Student's Student's Student's Compensation Wages, Tips, Salary Interest and/or Dividend Income Worker's Compensation Pensions and/or Annutities Severance Pay Retirement Benefits Disability Benefits Social Security Benefits (taxable) Child Support Alimony Welfare Benefits Other: TOTAL OF ALL INCOME: TOTAL OF ALL INCOME: Father/Stepfather Mother/Stepmother Student Spourent received below. Source of Income Father/Stepfather Mother/Stepmother Student Spourent received mount of one-time payment received below. Source of Income Father/Stepfather Mother/Stepmother Student Spourent received in 2022 Section E - Statement of Certification - I certify that all of the information on this form is true, correct and complete to the best on convoledge. I understand that this information will be used to determine the student's eligibility for financial aid and that false or an information may be cause for termination of aid and repayment of frunds received. If requested, I agree to provide further document of frunds received. If requested, I agrees to provide further document of frunds received. If requested, I agrees to provide further document of frunds received. If requested, I agrees to provide further document of frunds received. If requested, I agrees to provide further document of frunds received. If requested, I agrees to provide further document of frunds received. If requested, I agrees to provide further document	Section C - Total income/benefits	received and/or projected (w	vrite in a 12 month time fran	me for income receive	ed and/or projected):	
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