



## 2024-2025 Special Circumstance Request

This form is used to request a reevaluation of the information you provided on the Free Application for Federal Student Aid (FAFSA) due to special circumstances. Your request will not be processed until the Office of Financial Aid receives the FAFSA results **and** all required supporting documents with this form. Failure to provide documentation will delay the review process.

### Section A:

Student Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

#### Reason for reevaluation request: (check all that apply)

**Loss of Income**

Period of unemployment in 2023, from \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Provide a letter from the employer stating the effective date of termination, copy of last pay stub showing YTD income earnings, including severance pay if any, and proof of unemployment benefits received if applicable.

**Unusual Medical or Dental**

Medical or dental expenses that were not covered by insurance and exceed 11% or your income protection allowance (IPA) listed on your Student Aid Report (SAR). Tax filers provide a copy of Schedule A of your 2023 federal income tax return. Non-tax filers, provide a copy of the provider statement, canceled checks and confirmation of total tax amount paid by insurance.

**Disability**

Date of Disability \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Provide official documentation of disability from physician and any documentation regarding disability benefits you have received or will receive.

**Divorce/Separation since filing FAFSA**

Date of divorce or separation \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Provide a copy of divorce decree, separation agreement or a letter from attorney and document income and assets for the coming year. For dependent **students**, submit documentation for the supporting parent.

**Workers Compensation**

Provide a letter from Bureau of Workers' Compensation stating termination date of benefit and total amount received for 2023.

**Child Support**

Provide a letter or court documents stating termination date of benefits or affidavit that payments have ceased and total child support received for 2018.

**Alimony**

Provide court documents stating termination date of benefits or affidavit that payments have ceased and total alimony received for 2023.

**Death**

\_\_\_\_\_ **Parent** \_\_\_\_\_ **Spouse**. Provide a copy of the death certificate.

**Other Unusual Circumstances**

Personal statement, with supporting documentation from a third-party such as teacher, clergy, counselor, medical or government authority/agency, or court that is aware of the circumstances that exist such as abandonment by parents, abusive family environment that threatens the health and safety of the student, unable to locate parents, risk of being homeless, or unaccompanied youth as defined by McKinney-Vento Act.

**Section B: All income must be documented, including most recent pay stub**

	<b>Student/Spouse Projected 2024 income</b>	<b>Parent/Stepparent Projected 2024 income</b>
Student/Parent 1 income from work (gross amount)	\$	\$
Spouse/Parent 2 income from work (gross amount)	\$	\$
Taxable pensions and annuities	\$	\$
Severance Pay	\$	\$
Alimony/Spousal support	\$	\$
Untaxed pensions/annuities (exclude rollovers)	\$	\$
Worker's Compensation /employer disability	\$	\$
Child support received	\$	\$
Other	\$	\$

**Section C: Required documentation for all request submitted**

- **Formal letter/statement from student detailing your circumstances, signed and dated**
- **Student's/Spouse and/or Parent's 2023 Federal Income Tax Return Transcript-if applicable**
- **V1 Verification Worksheet**
- **Additional information as requested by the Financial Aid Office**

**Section D: Certification & Signatures**

I certify that the information provided above is true and complete to the best of my knowledge. I agree to provide additional proof or documentation if required by the Office of Financial Aid. I also realized that if I do not provide proof or documentation when requested, I will not receive this consideration. I understand that if any of the figures used on this form change, I must contact the Office of Financial Aid immediately in writing with the corrected figures.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date