



2026-2027 SPECIAL CIRCUMSTANCE FORM

Student ID#

Student Full Name

Financial Aid eligibility for the 2026-2027 academic year is based on 2024 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 2024 income. Complete and return this form to the Financial Aid Office 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, 2027**, also submit a copy of your **2026 W2(s)**.

Special Circumstance	For a Dependent Student	For an Independent Student	Required Documentation *required documents subject to change – contact your technician prior to submission of this form*
☐ Change or loss of wages	You or your parent(s)' income earned in 2025/26 will be less than what was earned in 2024.	Your (and/or your spouse's) income earned in 2025/26 will be less than what was earned in 2024.	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 parent(s) received benefits in 2024 which have ceased or been reduced in 2026 or You or your parent(s) paid expenses not covered by insurance and are over the expected cost of attendance.	You (and/or your spouse) received benefits in 2024 which have ceased or been reduced in 2026 or You (and/or your spouse) paid expenses not covered by insurance and are over the expected cost of attendance.	Complete copies of: * Explanation of Special Circumstances * IRS Tax Return Transcripts * W2 Wage statement(s) * 2022 benefit statement listing total amount received * 2023 benefit statement and/or court documents listing updated amount to receive and effective date and/or * Copy of insurance coverage * Copy of all medical bills
☐ Separation or Divorce	Your parents separated or divorced AFTER filing the FAFSA but no later than 12/31/2026.	You and your spouse separated or divorced AFTER filing the FAFSA but no later than 12/31/2026.	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 Parent or Spouse	A parent 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 parents received a one-time lump sum payment of monies in 2024.	You (and/or your spouse) received a one-time lump sum payment of monies in 2024.	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 2024, 2025, or 2026 year you were incarcerated and did not receive any income.	During the 2024, 2025, 2026 year you 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).



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Section B - Explanation of Special Circumstances - You **must attach** a written statement detailing the specifics of your circumstances and provide any pertinent information that will help us better understand your particular situation. Include dates circumstances occurred/ended. Make sure to sign your written statement.

Section C - Total income/benefits received and/or projected (write in a 12 month time frame for income received and/or projected):

Calendar (Jan-Dec)

OR

Academic (July-June)

-

Year

Years

You are **required** to provide your received and/or expected income for the for all categories listed below. If no income is received and/or expected for a category, **input "0" do not leave any blanks**. In addition to the required documentation listed on page 1, **you must 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 Spouse
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:				

Section D – One-time Payment Amount in 2024 - If your special circumstance is for a one-time payment received in 2024, please enter the amount received below.

Source of Income	Father/Step Father	Mother/Step Mother	Student	Spouse
Amount of one-time payment received in 2024				

Section E - Statement of Certification - I certify that all of the information on this form is true, correct and complete to the best of my knowledge. I understand that this information will be used to determine the student's eligibility for financial aid and that false or misleading information may be cause for termination of aid and repayment of funds received. If requested, I agree to provide further documentation. I also understand that purposely reporting false or misleading information may result in fines or imprisonment or both.

Student Signature

Date

Parent or Student's Spouses Signature (if applicable)

Date