



Student's Name: _____

Student ID#: _____ Phone Number: _____

Instructions: The form and required documentation must be uploaded via your SIS To Do List, so it will be linked to your account. We do not accept forms via email, fax, or in-person.

Special Circumstances Form

I am asking for consideration of my special circumstances for the following (check all that apply and add year ex. 2026):

☐ Fall 20____

☐ Spring 20____

☐ Summer 20____

Do I qualify? Before completing this form READ THIS

The Free Application for Federal Student Aid (FAFSA) form advises you to contact the financial aid administrator at your school if you have special circumstances not covered on the application that would affect your eligibility for student financial aid. Before the Financial Aid Office can review the information on this form, you must have previously filed a FAFSA for the school year you plan to attend.

The information provided on your original application may not be updated if your income reduction is not significant or appears inconsistent. Likewise, expenses for consumer goods and lifestyle choices may not be supported with additional financial aid resources.

Please complete the information below [MUST BE COMPLETED BY STUDENT]

**The Financial Aid Office reserves the right to request additional information, if needed.*

Date of Loss_____

Select Special Circumstance below and provide the required documentation as shown on page 3:

Financial Information

Please report total income for the most recent year you wish to be considered instead of the 2024 tax year used on the FAFSA. If 2025 is the year, submit a signed and complete copy of the pertinent 2025 tax returns (or W-2's if you did not file). If the appeal is to consider 2026 income, submit all pay stubs and sources of other taxed and untaxed income for 2026. If the appeal is submitted in November 2026 or later to consider 2026 income, the appeal will be delayed until 2026 tax returns and/or all W-2s are submitted to the Financial Aid Office.

INCOME TYPE	STUDENT	SPOUSE	FATHER	MOTHER	TOTAL
Gross Wages for entire calendar year 202__	\$	\$	\$	\$	\$
Net Farm Income for the Year 202__	\$	\$	\$	\$	\$
Net Business Income for the Year 202__	\$	\$	\$	\$	\$
Other Taxable Income Portions from Tips, IRA distributions, pensions, annuities--excluding rollovers; Social Security benefits; disability benefits; alimony received; unemployment compensation; capital gains/losses; income from rents, royalties, partnerships, estates & trusts, or any other source. (Circle all the areas above that apply.)	\$	\$	\$	\$	\$
Nontaxable Income from child support, tax-exempt interest income, portions of IRA or pension distributions; provided and untaxed housing, food and or living allowances; veterans' noneducation benefits; workers' compensation; disability benefits, or any other source. (Circle all the areas above that apply.)	\$	\$	\$	\$	\$
Any Other Income (describe) _____ _____ _____	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$

☐ I certify that the Special Circumstance identified and required documentation provided are true and correct. Penalties provide for a fine of \$10,000, or imprisonment for up to 5 years, or both, if a person embezzles, steals, or obtains funds by false statement or forgery.

Student Signature: _____ Date: _____

Required Documentation to support Special Circumstances

- ☐ Loss of Income for parent or independent student (spouse, if applicable) from work due to layoff, closing of business or termination. Required documentation:
- Letter from former employer(s) effective dates and severance, vacation, personal and sick leave pay out.
 - Copy of final pay stub from previous employer(s).
 - Letter from unemployment office documenting effective dates and benefits received.
 - Two (2) current pay stubs (if presently employed).
 - W2 forms for student and/or spouse, and for parent(s) if dependent
 - Documentation of any other income received during the calendar year.
- ☐ Death of a Spouse (Independent) or parent (Dependent) has occurred after your FASFA was filed. Required documentation:
- Copy of death certificate.
- ☐ Loss of Social Security Benefits. Required documentation:
- Letter from Social Security Administration stating start/end dates and benefit amount.
- ☐ Loss of Child Support. Required documentation:
- Letter or court document stating start/end dates and child support amount.
- ☐ Loss of Unemployment Compensation. Required documentation:
- Letter from Unemployment Office stating start/end dates and benefit amount.
- ☐ Loss of Worker's Compensation. Required documentation:
- Letter from Bureau of Worker's Compensation stating start/end dates and benefit amount.
- ☐ Change in Housing Status. Required documentation:
- Letter from a private or publicly funded homeless shelter, service provider, financial aid administrator from another college, school counselor, mental health professional, social worker, mentor, doctor or clergy.
- ☐ Tuition Expense at an Elementary or Secondary School. Required documentation:
- Letter from Elementary or Secondary School confirming enrollment and tuition expenses.
- ☐ Additional Family Members enrolled in college. Required documentation:
- Complete Number in College Form on SIS To Do List. Once your Special Circumstance Form has been reviewed, this to do item will show up on your To Do List. Please monitor your to do list regularly.
- ☐ Significant medical, dental, or nursing home expenses not covered by insurance. Required documentation:
- Invoices/Statements and letter from insurance company stating they will not cover the expenses.
- ☐ Child or Dependent Care Expenses. Required documentation:
- Invoices/Statements of major expenses.
- ☐ Severe disability of the student or other member of the student's household. Required documentation:
- Letter from medical provider or social services.
- ☐ Other changes or adjustments that impact the student's costs or ability to pay for college. Please describe your situation below. The Financial Aid Office will request additional information, if needed.

FOR FINANCIAL AID OFFICE USE:

☐ Approved Date: _____ By FA Technician: _____
 _____ Fall _____ Spring _____ Summer Aid Year: _____

☐ Denied Date: _____ By FA Technician: _____

Reason: _____

Documentation:

Document Received	Date Reviewed	Stored Where

Additional Documents Requested	Date Requested	Date Received	Date Reviewed

Interviews (if applicable):
