

Include the following:

## **Special Circumstance Application:** 2024-2025

Last Name	First Name	Student ID #
Student Email Address		Student Phone #
Parent Name	Parent Email Address	
This form may be submitted if the information on your 2024-2025 FAFSA is no longer an accurate reflection of your current financial status due to an extenuating circumstance (divorce, loss of income, death of parent, medical expenses, etc.). Submission of this form does NOT guarantee an adjustment to your information will be made or that additional aid will be awarded. Aid adjustments are subject to program and funding restrictions.  Please submit the following:		
Loss of Employment		
<ul> <li>Include the following:</li> <li>Letter from employer documenting I</li> <li>Documentation of year-to-date earni</li> <li>Copy of three most recent paystubs.</li> </ul>		isability benefits.
Reduction of Income		
<ul> <li>Include the following:</li> <li>Name and relationship of person who had the reduction of income:</li> <li>Letter from student/parent explaining the circumstances surrounding the reduction of income.</li> <li>Anticipated income for 2024 - most recent paystub with year-to-date information.</li> </ul>		

**Divorce/Separation** (only applies if both parents/spouse information is on the FAFSA)

<ul> <li>Court documentation verifying legal separation or dive</li> <li>Please print the name of parent whose information</li> </ul>	
<ul> <li>Has the parent listed above remarried? Yes If yes, include new spouse's signed 1040 tax fo</li> <li>Number of household members after separation/a applicable):</li> <li>Proof of residence for each parent (i.e., utility bill).</li> <li>Copy of 2022 W-2s.</li> </ul>	☐ No rm for 2022.
Medical (only out-of-pocket expenses will be cor	nsidered)
<ul> <li>Include the following:</li> <li>Documentation and/or receipts of out-of-pocket experience</li> <li>Schedule A of 2023 federal tax return or report money medication, etc.</li> </ul>	_
Loss of Benefits (Child Support/Unemployment)	
<ul> <li>Include the following:</li> <li>Documentation of the termination of benefits.</li> <li>Documentation of the year-to-date benefits received.</li> </ul>	
☐ Death of Parent/Spouse	
<ul> <li>Include the following:</li> <li>Copy of death certificate</li> <li>Current number of household members:</li> <li>Copy of most recent paycheck for surviving parent/sport</li> </ul>	ouse.
☐ Children in Private K-12 Schools	
<ul> <li>Include the following:</li> <li>Documentation of name of school.</li> <li>Documentation of school tuition and any discounts or</li> </ul>	scholarships anticipated.
I/we affirm that all the data elements contained on this form and complete to the best of my/our knowledge. Upon requsubstantiate the information provided.	
Student Signature:	Date:
Parent or Spouse Signature:	Date:

**Important:** Requests cannot be processed until ALL required documentation is received.