



Office of Enrollment Management

SPECIAL CONSIDERATION REQUEST 2026-2027 ACADEMIC YEAR

Student's Name: _____ Student ID: _____

Local Phone Number: _____ Email: _____

According to federal regulations, a financial aid administrator has the ability to review a student's financial aid eligibility based on certain unusual circumstances, such as change or loss of employment, loss of income, or disability. Complete the form if you or your parent(s) have experienced a change in their income during the 2024 calendar year. The request will be evaluated based on the documentation submitted. If your request is approved, the information on the FAFSA will be updated and the Student Aid Index Family (SAI) will be recalculated. Recalculation of the SAI does not guarantee a change to the student's federal aid award. If your financial aid eligibility is recomputed based on an unusual circumstance and it is later determined that we estimated significantly less than what your actual income is, you may be denied future special consideration requests.

Please provide all documents needed to evaluate your request from the checklists below. We cannot process this request without specific details regarding your special circumstance(s) or without appropriate supporting documentation.

Step 1: Select Circumstance(s): If special conditions exist that might change your FAFSA information, please check the box or boxes that apply and submit this form to our office along with the required documentation.

***All verification requirements must be satisfied before your request can be considered.**

Special Circumstance	Documents Needed and Checklist
<input type="checkbox"/> Loss of employment or Reduction in Wages	<ul style="list-style-type: none">• Personal statement explaining circumstance (include dates of unemployment)• Letter(s) of separation from employer(s) indicating the last date of employment and last pay stub with year to date earnings• Proof of unemployment benefits being received (if applicable)• Most recent pay stub(s) for new employment (if applicable)• A signed letter from the physician, on letterhead, indicating the date of disability (if applicable)
<input type="checkbox"/> One-time taxable income (IRA or pension distribution) that will not be received in 2024	<ul style="list-style-type: none">• Personal statement explaining circumstance and how these funds were used• Copy of the IRS 1099 Form from the organization detailing the IRA or pension amount• Documentation that this lump sum amount will not be received during the following year (2025)
<input type="checkbox"/> Retirement	<ul style="list-style-type: none">• Personal statement explaining circumstance• Signed letter of separation from employer• Documentation of all monthly income sources, including retirement benefits and social security



Office of Enrollment Management

	<ul style="list-style-type: none">• Copy of last pay stub indicating total earnings prior to retirement
<input type="checkbox"/> Loss or change of untaxed income (i.e. child support)	<ul style="list-style-type: none">• Personal statement explaining circumstance (including when benefit will end)• Documentation indicating type and amount of benefit received January 1, 2025 through termination• Documentation indicating date of termination or reduction of benefits
<input type="checkbox"/> Separation or Divorce: Parents have separated or divorced since the 2026-2027 FAFSA was completed.	<ul style="list-style-type: none">• Personal statement explaining circumstance (including current members in household)• A copy of Petition for Divorce or Divorce Decree which confirms date of separation or divorce
<input type="checkbox"/> Death of a parent	<ul style="list-style-type: none">• Copy of Death Certificate
<input type="checkbox"/> Medical Expenses: Your family paid significant insurance premiums or incurred significant medical/dental expenses not paid by insurance in 2024.	<ul style="list-style-type: none">• Personal statement explaining circumstance• <i>For payment of insurance premiums:</i> a statement from the insurance provider or benefits office from place of employment stating the amount paid for medical coverage. A copy of a pay stub showing the amount deducted for medical insurance. Do not include employer's contribution. Premiums that are pre-taxed cannot be included in the amount.• <i>For payment of medical expenses:</i> proof of payments made by parent/student (i.e. statement of account from pharmacy/physician/dentist/hospital showing payment amount and dates payment were made, copies of cancelled checks or a copy of Schedule A of the 2024 IRS Tax Return Transcript).
<input type="checkbox"/> Private School Tuition: Your family paid tuition expenses at an elementary and/or secondary school. Do not include the amount paid for the college student.	<ul style="list-style-type: none">• Provide a letter from the school stating the amount you or your parents have paid for TUITION ONLY in Spring 2024 and Fall 2024 and the name(s) of the student(s) for whom it was paid.



Office of Enrollment Management

Step 2: Income Information: Provide the income for the affected person's entire 2025 income. Complete all items. Answer items with zero (0) if it does not apply.

Income Worksheet (January 1, 2025-December 31, 2025)

	Student	Student's Spouse	Parent 1 Name:	Parent 2 Name:
Earnings: Wages, Salaries, and Tips	\$	\$	\$	\$
Other Income: Tax exempt interest, IRA contributions, untaxed IRA distributions (exclude rollovers), or untaxed pensions	\$	\$	\$	\$
Child Support Received	\$	\$	\$	\$

Step 3: Estimated Income Information: Provide the estimated income for the affected person's entire 2026 year. Complete all items and answer items with zero (0) if it does not apply.

Estimated Income Worksheet (January 1, 2026-December 31, 2026)

	Student	Student's Spouse	Parent 1 Name:	Parent 2 Name:
Earnings: Wages, Salaries, and Tips	\$	\$	\$	\$
Other Income: Tax exempt interest, IRA contributions, untaxed IRA distributions (exclude rollovers), or untaxed pensions	\$	\$	\$	\$
Child Support Received	\$	\$	\$	\$

Step 3: Certification: By signing this statement, we certify that all information on this form is complete and correct. We also understand that the financial aid staff reserves the right to request any additional documentation deemed necessary and understand that if all documentation requested is not submitted, the student's eligibility will not be recomputed. ***If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

Student's Signature: _____

Date: _____

Parent's Signature: _____

Date: _____