



SPECIAL CIRCUMSTANCE APPLICATION Dependent Student for 2025-2026

According to federal laws and regulations, a family's 2023 income is used to assess financial need for the 2025-2026 school year. If a family's 2023 income is lower, due to special circumstances, a financial aid administrator may be able to use 2024 income to assess financial need. Your special circumstance application will be returned if all requested information outlined is not provided. Special circumstances, if accepted, may result in an increase in need-based loans, student employment, or in certain cases, additional grant assistance. *Turnaround time for special circumstance appeals is 2-4 weeks.*

STUDENT INFORMATION

Last Name	First Name	Student or Star ID #
Phone Number	E-mail Address	

SECTION 1: CHANGE IN HOUSEHOLD SIZE that occurred after filing your FAFSA

DEATH OF PARENT/GUARDIAN

- ☐ Attach an IRS Tax Return Transcript of your Parents' 2023 Federal Income Tax Return, including W-2 statements for both parents, if not already provided.
- ☐ Please provide a written statement indicating your parent's name and date of death.

DIVORCE OR SEPARATION OF PARENTS

- ☐ Attach an IRS Tax Return Transcript of your Parents' 2023 Federal Income Tax Return, **including** W-2 statements for both parents, if not already provided. If you have already provided parents' IRS tax return transcript, check this: ☐
- ☐ Attach a copy of the divorce decree or proof of separation (e.g., court order, statement from attorney or clergy).
- ☐ Attach a written statement identifying the custodial parent. Also, provide the names, ages, and the relationship of the family members that the custodial parent will support through June 30, 2025.
- ☐ Indicate the amount the non-custodial parent will/has provide(d) toward your college costs at South Central College for 2025-2026 school year. \$ _____

SECTION 2: EDUCATIONAL EXPENSES

PRIVATE TUITION EXPENSES AT ELEMENTARY OR SECONDARY SCHOOL

- ☐ Attach a copy of the 2024 or 2025 tuition statement, outlining costs and financial aid awarded, for each dependent child attending private elementary or secondary school (do not include expenses for the child who will be enrolling in college in 2025-2026).
- ☐ If your parents are divorced or separated, and the non-custodial parent provides assistance toward the private tuition at the elementary or secondary school(s), provide a statement indicating the amount of assistance.

PARENTS' PERSONAL COLLEGE LOAN PAYMENTS

- ☐ Attach a written statement indicating the college loans your parents are repaying, and a copy of the billing statement or payment coupon. Include only the loans your parents have borrowed for their own educational expenses and the monthly amount due.

PARENT ATTENDING COLLEGE IN 2025-2026

College costs can only be taken into consideration if the parent is enrolled at least half-time and in a program that leads to a degree or certificate.

- ☐ Provide name of college parent (will) attend(s)
- ☐ Provide proof of registration/admission from the college parent (will) attend(s).
- ☐ Attach a tuition fee statement or a cost worksheet outlining the tuition/fees parent will be assessed in 2025-2026.
- ☐ Indicate the amount your parent's employer will provide towards their college costs for the 2025-2026 school year. \$ _____
- ☐ If your parent is applying for financial aid or is receiving assistance from an agency (e.g. rehabilitation services, job partnership training act, veteran's benefits, etc.) please provide written documentation from the school and/or funding agency.

SECTION 3: MEDICAL/DENTAL/DEPENDENT CARE EXPENSES not reimbursed or covered by insurance

- ☐ Provide a **signed** statement itemizing 2023 or 2024 out-of-pocket medical, dental, or dependent care expenses you paid (not reimbursed by insurance or by employer's pre-tax cafeteria plan) for health/dental insurance premiums, doctor, hospital, medication, dependent care, nursing home expenses, etc. Please total all expenses after they are detailed.
- ☐ Attach an IRS Tax Return Transcript of parents' 2023 Federal Income Tax Return, including Schedule A if you itemized deductions, if not already provided.

Return by mail or fax:

Fax: (507) 389-7419

Faribault Campus
South Central College
Financial Aid Office
1225 Third Street SW
Faribault, MN 55021

OR

North Mankato Campus
South Central College
Financial Aid Office
1920 Lee Boulevard
North Mankato, MN 56003

SECTION 4: CHANGE IN INCOME

DISABILITY OF PARENT

- ☐ Attach a written statement from your parent's physician outlining the disability and the probability of returning to work. Please include an estimated date of return, if applicable.
- ☐ If the disability is work related, provide documentation from your parent's employer or government agency on availability and amount of worker's compensation benefits and/or short-term or long-term disability insurance benefits for 2024.
- ☐ Attach a copy of each parents' most recent paystub(s) from all employers. Please indicate on the paystub the length of the pay period (e.g., weekly, bi-weekly, monthly).
- ☐ Attach an IRS Tax Return Transcript of your parents' 2023 Federal Income Tax Return, including W-2 statements for each parent.
- ☐ Complete the Parent Income Source Table below to ensure inclusion of all income sources.

PARENT UNEMPLOYED

- ☐ Attach a written statement indicating the date and reason your parent became unemployed.
- ☐ Attach a copy of each parents' most recent paystub(s) from all employers. Please indicate on the paystub the length of the pay period (e.g., weekly, bi-weekly, monthly).
- ☐ Attach a copy of unemployment benefits your parent will receive from your state job service office.
- ☐ Attach an IRS Tax Return Transcript of your parents' 2023 Federal Income Tax Return, including W-2 statements for each parent.
- ☐ Complete the Parent Income Source Table below to ensure inclusion of all income sources.

A BUSINESS OR FARM HAS CLOSED DUE TO BANKRUPTCY, FORECLOSURE, OR NATURAL DISASTER

- ☐ Attach a copy of the bankruptcy or foreclosure notice, if applicable.
- ☐ Attach a written statement outlining the particular circumstances surrounding this event. If the event was a natural disaster, please itemize the losses/damages that will not be covered by insurance or government assistance.
- ☐ Attach an IRS Tax Return Transcript of your parents' 2023 Federal Income Tax Return, including W-2 statements for each parent.
- ☐ Complete the Parent Income Source Table below to ensure inclusion of all income sources.

REDUCTION IN EARNINGS OR LOSS OF OTHER INCOME

2025 income will be less than 2023 FAFSA income. This could include a reduction in earnings, loss of child support, loss of social security benefits, etc. In general, we do not consider changes in income due to loss of overtime, one-time bonuses, withdrawal from retirement accounts, or gambling winnings or losses. Complete the following:

- ☐ Attach a written statement outlining the reason for the loss of income, including COVID 19 related loss of income, the amount of income that was lost or reduced, and the date the change became effective.
- ☐ Attach a copy of your parents' most recent paystub from all employers. Please indicate on the paystub the length of the pay period (e.g., weekly, bi-weekly, monthly).
- ☐ Attach an IRS Tax Return Transcript of your parents' 2023 and 2024 Federal Tax Return, including W-2 statements for each parent.
- ☐ Complete the Parent Income Source Table below to ensure inclusion of all income sources for 2024.

PARENT INCOME SOURCE TABLE

	Actual:	Estimated:	Total:
January 1, 2025 through December 31, 2025	1/1/25 to Today's Date	Today's Date to 12/31/25	Actual plus Estimated
Mother's gross earnings from work (wages, salary, tips, etc.) *			
Father's gross earnings from work (wages, salary, tips, etc.) *			
Business/Farm Income			
Interest/Dividend Income. Specify source and value: _____ \$ _____			
Unemployment Compensation			
Severance Pay			
Capital Gains			
Spousal Maintenance			
Child Support			
Taxable Social Security Benefits			
Worker's Compensation			
Withdrawal from retirement account			
Other Income (pension, annuity, rental income, housing allowance, bonuses, etc.)			

*Attach most recent paystub(s) for you and your spouse when submitting your appeal.

SECTION 5: Sign this Worksheet

By signing this worksheet, I certify that all the information reported on this form is complete and correct. **WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**

Parent Signature **X**

Date