

Special Circumstances Request Form for 2025-2026

Student Name:	Star or Student ID #:
the FAFSA. Students and families have the or	a student's or family's control that impacts the information reported on otion to file a Special Circumstances Request when their financial ax information as reported on the 2025-2026 (FAFSA) does not n.
	lication may not be adjusted if your income reduction is not significant, ort your family size as estimated. Expenses for consumer goods and additional financial aid resources.
Please allow at least two weeks for evaluation	once all documentation has been received by the Financial Aid Office.
1	Required Documentation
☐ A completed 2025-2026 Free Applicat	
☐A personal statement explaining your	_
☐A signed copy of the student's and p (with all schedules)	parents' (and spouses, if married) 2023 and 2024 Federal Tax Returns
☐ Copies of 2023 and 2024 W-2's	
•	n letter atement
	enses not covered by insurance for those in the FAFSA family size paid do not qualify for consideration) ical or dental provider(s)
☐ One-time income received in 202 ☐ Copies of bills which wer ☐ Copy of IRS 1099 form	23 that will not be received in 2024 and/or 2025 re paid using this income
☐ Death of parent or spouse after t☐ Copy of death certificate	
□ Divorce or separation after the F	AFSA was filed

☐Budget adjustment					
☐ The standard budget	reflects average cos	sts for tuition and fees	s, books and course m	naterials,	
supplies and equipment,	•				
occur during the academ	•	•	•		
and receipts or invoices a	·	•		the cost of	
a first professional crede	ntial, or unusually ill	gn books or course ii	nateriais expenses.		
□Other					
☐Any circumstance not	listed above				
** If you are submitting after Fall Semest	ter 2025, attach a cc	opv of 2025 Federal Ir	າcome Tax Return and	d W-2's.**	
,	2025 Projected				
	Student	Spouse	Parent 1	Parent 2	
ages/Salary (Attach Year-to-date Earnings)					
Military/Clergy Housing Allowances					
Child Support Received					
Worker's Compensation					
Unemployment Compensation					
(Attach Benefit Statement) Cash Paid on your Behalf			1	<u> </u>	
Casti Faid Oil your Delian					
Parent Contact Information					
If you provided parent information within yo	our FAFSA then pare	ent information must b	e provided with subm	nission of	
this form.					
Email Address:	Cell Number:				
Certification and Signatures:					
If you purposely give false or misleading in	formation on this for	m. you may be subje	ct to a \$20,000 fine, a	prison	
sentence, or both. I/We certify that the info				-	
Student's Signature:		Nate:			
Parent's Signature:					
i dioni o dignataro.					
Forms submitted without the	requested documen	tation or signatures w	ill not be processed		