



Special Circumstance Form 2024–25

Thank you for your request for the 2024–25 academic year. By completing this form you are indicating that there has been a substantial change in your family’s financial situation and you would like the Office of Financial Aid to take this updated information into consideration when reviewing your eligibility for financial aid.

Student Name: _____ Student ID#: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone Number: _____

Please briefly describe the reason for the change in your circumstances:

Please check the box that **BEST** describes the change in your situation.

Income reduction due to lay off/loss of employment- provide **ALL** of the following:

- Letter from employer indicating effective date and any severance benefits
- Statement from Unemployment Office outlining benefits- Monetary Determination Letter
- Final pay stub from laid off position
- Most recent pay stubs of all other current positions

Wage reduction – provide **ALL** of the following:

- Letter from employer indicating effective date with prior, and current, hours worked per week
- Most recent paystub

Separation or divorce- provide **ALL** of the following:

- Copy of legal document indicating effective date of separation or divorce decree
- Document of current address for BOTH parties

Spouse/parent recently deceased- provide **ALL** of the following:

- Death certificate of obituary from the newspaper
- Statement of ALL benefits received as a result of the death

Medical expenses incurred in 2022 (NOT covered by insurance)- provide **ALL** of the following:

- Receipts showing charges paid in 2022
- Copy of schedule A from your 2022 federal tax return

Other (Please specify): _____

Required documentation: A detailed, written explanation of the situation, along with relevant documentation.

Student Signature _____

Date _____

Parent Signature (if applicable) _____

Date _____