2027-28 Special Circumstance Request Form

Thank you for your request for the 2027-28 academic year. By completing this form, you are indicating that there has been a substantial change in your financial situation that you need taken into consideration. Please note that not all changes in income, or family situations, will result in increase or changed aid award. The Financial Aid Office will review the documentation provided for any possible appropriate changes.

Student Name:_____ ID#:_____ DOB:_____

Email Address: _____ Phone Number: _____

Check the box below that best describes your situation and submit the items requested. Once your request is reviewed we will reach out to request any additional documentation that is required.

☐ **Lay off/Wage Reduction-Provide the following:**

- A letter from employer (on letterhead) detailing the employee's termination/separation date OR the date and amount of wage reduction
- Documentation of any severance/pay-out
- Documentation unemployment benefits
- For job loss during 2025- signed copy of 2025 federal tax return, all schedules, and copies of all 2025 W2s
- For job loss during 2026- signed copy of 2026 federal tax return, all schedules, and copies of all 2026 W2 and copies of most recent pay stubs.

☐ **Separation or divorce -Provide the following**:

- A copy of the divorce decree or separation agreement
- Documentation indicating that the divorce or separated parties have been living separately and have incurred their own living expenses (i.e., utility bills, lease, etc.)
- Signed copy of 2025 federal tax return, all schedules, and copies of all 2025 W2 forms.

☐ **Spouse or parent recently deceased-Provide the following**:

- A copy of the death certificate or obituary
- Statement of benefits received as a result of death
- For death during 2025 - signed copy of 2025 federal tax return, all schedules, and copies of all 2025 W2 forms.
- For death during 2026 - signed copy of 2026 federal tax return, all schedules, and copies of all 2026 W2s

☐ **Out of Pocket Medical expenses not paid by insurance incurred in 2025- Provide the following**:

- Documentation of charges paid in 2025 (eg. Statement from physician/hospital, Explanation of Benefits from insurer, receipts, canceled checks, etc.)
- Copy of 2025 Federal Schedule A

Endicott College Office of Financial Aid

376 Hale Street, Beverly, MA 01915 | 978-232-2070 | 978-232-2085 (fax) | finaid@endicott.edu |

https://www.endicott.edu/admission/undergraduate-admission/tuition-financial-aid

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☐ **One-time, nonrecurring income (eg. Pension payout, inheritance, employer reimbursements, etc.) that artificially inflate Adjusted Gross Income for 2025**

- Signed statement explaining the nature of the one-time income
- Documentation of distribution/payout
- Signed copy of 2025 federal tax return, all schedules, and copies of 2025 W2s.

☐ **Other-**

Please provide a detailed explanation of your special circumstances below
Documentation of the situation described in the statement

Student Signature: _____ Date:_____

Parent Signature: _____ Date:_____
(Parent signature required for dependent students only)

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