ENDICOTT COLLEGE

Independent Special
Circumstance Form 2027-28

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 an increase or changed aid award, but the Financial Aid Office will review the documentation provided for any possible appropriate changes.

Student Name: _____ ID: _____ Date of Birth _____

Address _____ City: _____ State: _____ Zip Code _____

Email: _____ Phone: _____

Please check the box that BEST describes the change in your situation and provide the additional documentation listed below related to your situation:

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

- A letter from the former employer on company letterhead detailing the employee's termination/separation date/date of wage reduction
- Notice of severance/pay-out
- Notice of 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's

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

- A copy of the divorce decree or separation agreement
- Documentation indicating that the divorced 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 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 W2 forms

☐ **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

☐ **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 briefly explain your special circumstances in the space below
- Documentation of the situation described in the statement

Explanation if selecting "Other":

Student Signature: _____ Date: _____