



**Dependent 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 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, 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 _____

Parent Email: _____ Parent Phone: _____

For all requests please submit the following documentation:

- Signed Copy of Parent(s) 2022 Tax Returns and all schedules Check here if parent(s) were not required to file a tax return in 2022
- Copy of all 2022 W2s for Parent(s), if W2s are unavailable please submit a signed statement including all places of employment and wages earned in 2022 Check here if parent(s) did not work in 2022

In addition to the above, 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
 - A copy of the employee’s year-to-date pay stub
 - If lay off/wage reduction is for the student a copy of Student’s 2022 Tax Return

- 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.)

- 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



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- Out of Pocket Medical expenses not paid by insurance incurred in 2022-** Provide the following:
 - Documentation of charges paid in 2022 (eg. Statement from physician/hospital, Explanation of Benefits from insurer, receipts, canceled checks, etc.)

- One-time, nonrecurring income (eg. Pension payout, inheritance, employer reimbursements, etc.) that artificially inflate Adjusted Gross Income for 2022**
 - Signed statement explaining the nature of the one-time income
 - Documentation of distribution/payout

- 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: _____

Parent Printed Name: _____

Parent Signature: _____ Date: _____