

2024-2025 Special Circumstance Request Form

Student	Name:	Student ID:			
Email:		Phone:			
	cial aid for the 2024-25 academic year is based on 20 nce the filing of your 2024-25 financial aid applicatio	22 income information. If you and/or your parent(s) circumstances have ns, you may request a reevaluation of eligibility.			
 Los De Div On Ma De Note, the financial statement of the	pendency Override ollowing scenarios may not be considered for a reeve s of overtime or bonus income	in salary covered by medical or dental insurance during a single, recent year iluation of eligibility: hough exceptions may be made in the case of businesses impacted by COVID-19 vith outstanding debts			
Check					
	Significant loss of income due to termination or involuntary separation from employer (Current income is significantly lower than the income reported on 2022 Income Tax forms)	 2022 Federal Income Tax Returns (unless IRS DRT was used on FAFSA) Copy of three most recent pay stubs for student and/or parent Termination, Furlough, or Reduction-in-Force notification from employer Severance Statement (if applicable) Unemployment Benefits Statement (if applicable) 			
	Death of Parent or Spouse (If 2022 Income Tax data reflects income from a now deceased member of the household)	 2022 Federal Income Tax Returns W-2 Income Statements Death Certificate Copy of three most recent paystubs for student and/or parent 			
	Divorce or Separation (If 2022 Income Tax data reflects joint income from a partner or parent who has since been divorced or legally separated and no longer contributed to household income)	 Divorce Decree Legal Separation documentation and proof of current separate residences 2022 Federal Income Tax Returns W-2 Income Statement from student and/or parent 			

	One-time/Non-Recurring Income (Income that was on the 2022 Income Tax Forms but was from a 1-time event and not an annual part of total income)	reference to Documentation 	f what the 1-time/non-recurring income was in on such as IRA Distribution docs, Bill of Sale from the ty, and/or Form 1099			
	Medical Expenses (Must be more than 10% of Adjusted Gross Income)	reimbursed or	on of outstanding/prior year medical bills <i>not</i> paid by insurance f special circumstances			
	Dependency Override (Dependent-to-Independent status change)	completing a s	nancial Aid Office for more information on reparate Dependency Override Request Form and a quired documentation to request a Dependency			
Statement of Event						
Please use the space below to explain any information on this form or expand upon your family's circumstances. All supporting/required documentation should be attached to this application and submitted together in one submission. Please ensure you have attached all required documentation. Incomplete requests will be denied.						
Student Certification						
I/We certify that the information provided on this form as well as all attached supporting documentation is accurate and complete as of this date. I/We understand that the request for a financial aid re-evaluation is not guaranteed to result in a change to my financial aid eligibility and does not release me from payment of any balance due on my student account.						
Student Signature:			Date:			
Parent Signature:			Date:			
Office of Financial Aid						
Director:		Date:	Approved Denied			
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