

---

## REQUEST FOR SPECIAL CIRCUMSTANCES

---

### **Student Information**

Name: \_\_\_\_\_ CWID: \_\_\_\_\_

---

When filing the FAFSA, a family's 2024 total income is used in determining eligibility for financial aid for the 2026-2027 academic year. However, special circumstances may occur that result in a significant, sustained change in the household's total income since filing. In these cases, a student may request a re-evaluation of their financial aid eligibility using 2025 or 2026 actual or estimated income information. Before we can process your request, our office must have received your 2026-2027 FAFSA, and if you were chosen for verification by the Dept. of Education, you will have to complete that process first.

The Financial Aid Office will process your request for Special Circumstances upon receipt of this form and all required documentation and you will be notified of the results. Filing this form may or may not result in an increase in financial aid.

---

### **Instructions**

- 1) Please indicate the reason(s) for your income reduction/extraordinary expense on page 2.
  - Attach required documentation as indicated on the second page.
- 2) Provide a typed statement explaining your special circumstances.
  - Please include the amount of all income you have actually received or will receive between January 1, 2025, and December 31, 2025, or January 1, 2026, through December 31, 2026. Additional information may be requested on a case- by-case basis.
  - Please indicate if the household size has changed from the numbers you indicated on the FAFSA. YES \_\_\_\_\_ NO \_\_\_\_\_
  - As of today, what is your (and spouse's if married) total current balance of cash, savings, and checking accounts? \$ \_\_\_\_\_
  - As of today, what is your parent's (if dependent) total current balance of cash, savings, and checking accounts? \$ \_\_\_\_\_

I certify that the information provided in this request for special circumstances is true and complete to the best of my knowledge. I further understand that if my situation changes, I am responsible for notifying the Financial Aid Office of said changes. I also agree to provide any additional information if requested by the Financial Aid Office.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

---

## REQUEST FOR SPECIAL CIRCUMSTANCES

---

### Reason for Income Reduction

☐ **Loss/Change in Employment**

- Attach typed statement detailing the reason for the change in employment
- Submit a copy of the most recent/last pay stub or statement of earnings for 2025 or a tax transcript for 2025 if you have already filed, or a copy of the most recent/last pay stub or statement of earnings for 2026
- Submit documentation of any other income received in 2025 or 2026 such as unemployment, etc.
- Submit a letter from your last employer stating you no longer work there *OR* documentation showing you are receiving unemployment compensation

☐ **Separation/Divorce**

☐ **Death of Parent/Spouse**

- Name and relationship to student \_\_\_\_\_
- Submit documentation of any other income received in 2025 or 2026 such as unemployment, etc.

☐ **One-time Income**

- Provide the source, amount, and reason funds are not available for educational purposes on your typed explanation

☐ **Loss of Benefits**

- *Child Support*  
Attach a copy of notification of loss of child support income stating benefit ending date and monthly amount received
- *Social Security*  
Attach a copy of notification of loss of social security income stating benefit ending date and monthly amount received
- *Unemployment Benefits*  
Attach a copy of notification of loss of unemployment income stating benefit ending date and monthly amount received

☐ **Other** \_\_\_\_\_  
Please indicate the reason, provide explanation and submit any supporting documentation

**Extraordinary Expense(s): Please indicate the expense for which you are requesting consideration. Mark the item that applies and attach required documentation.**

- ☐ **Medical/Dental** (Insurance premiums and expenses covered by insurance may **not** be included. Only out-of-pocket medical/dental expenses may be included.)
- Attach copies of PAID receipts, canceled checks and/or proof of payment for expenses incurred (Expense will be reduced by 11% for amount already included in FAFSA formula.)

☐ **Elementary and Secondary Tuition Payments**

- Submit a payment summary or billing detail from the elementary or secondary school stating tuition paid or to be paid for the 2026-2027 academic year minus any waiver, discount or financial aid.

Please use the space below to describe your special circumstances. Be sure to include all the information described on the previous pages. Once complete, upload to your Workday portal along with your supporting documentation.