

## 2024-25 SPECIAL CIRCUMSTANCE REQUEST

Financial need is normally based on each student's or family's gross annual income for the previous tax year. If your income has recently changed or if certain income should be excluded, we may be able to re-evaluate your financial need based upon your actual gross income for the 2023 tax year (01/01/2023-12/31/2023) or your projected gross income for the 2024 tax year (01/01/2024-12/31/2024). For dependent students we only consider parent income changes. For independent students, we only consider student's and spouse's income changes.

## **Special Circumstances DO NOT include:**

- Personal living expenses (e.g. weddings, credit card bills, mortgages, school loan payments, and other miscellaneous consumer loans or expenses).
- One-time incomes such as the lottery or gambling winnings.
- Parents not helping with college costs.

## **INSTRUCTIONS:**

Please complete each section that applies to you, sign and return to the Financial Aid Office. You must:

- 1. Indicate the reason(s) for your change in circumstance
- 2. Write a brief summary of your request
- 3. Submit any and all supporting documents requested by the Financial Aid Office

| Student Name:  |                 |                 |             |
|--|-----------------|-----------------|-------------|
| Address:Street   | City            | State           | Zip Code    |
| Phone/Cell: Email: _                                     |                 |                 |             |
| REQUEST CATEGORIES (CHECK ALL THAT AF                    | PPLY):          |                 |             |
| ☐ Excessive Medical bills                                |                 | Effective Date: | <del></del> |
| ☐ Loss/Reduction of Employment/Income or Assets          |                 | Effective Date: |             |
| ☐ Deaths of Parent/ Spouse currently listed on the FAFSA |                 | Effective Date: |             |
| ☐ Divorce or Separation                                  |                 | Effective Date: |             |
| ☐ Unsafe Family Environment                              |                 | Effective Date: |             |
| ☐ Tuition Paid for Dependent in Elementary/Se            | econdary School | Effective Date: |             |
| ☐ Other  |                 | Effective Date: |             |

| EXPLANATION OF CIRCUN         | ISTANCE:                    |  |                        |
|-------------------------------|-----------------------------|--|------------------------|
| Please explain your situation | n below: Include all relev  | ant information (such as: Dates, amounts,  | reasons, & extenuating |
| circumstances). If more space | ce is needed, please atta   | ach a separate sheet of paper.   |                        |
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|                               |                             | on provided in and with this request is true a   |                        |
|                               |                             | to correctly reflect my true circumstances in t<br>nancial Aid Office in writing if my circumstand |                        |
| should change.                | i promise to notily the Fil | idinadi Ald Office ili willing il my dicumstant  | les representeu nere   |
|                               |                             |  |                        |
|                               |                             |  |                        |
|                               |                             | - <del> </del>   |                        |
| Student Signature             | Date                        | Parent Signature (if applicable)   | Date                   |