Bushnell | Financial Aid

2027-28 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 2026 tax year (01/01/2026-12/31/2026) or your projected gross income for the 2027 tax year (01/01/2027-12/31/2027). 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 APPLY):

☐ **Excessive Medical bills** **Effective Date:** _____

☐ **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/Secondary School** **Effective Date:** _____

☐ **Other**_____ **Effective Date:** _____

EXPLANATION OF CIRCUMSTANCE:
Please explain your situation below: Include all relevant information (such as: Dates, amounts, reasons, & extenuating circumstances). If more space is needed, please attach a separate sheet of paper.

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By signing below, I certify and attest that the information provided in and with this request is true and accurate to the best of my knowledge and ability. I understand that failure to correctly reflect my true circumstances in this request may result in loss of financial aid eligibility. I promise to notify the Financial Aid Office in writing if my circumstances represented here should change.

_____ _____ _____ _____

Student Signature **Date** **Parent Signature (if applicable)** **Date**