



## 2023-24 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 2021 tax year (01/01/2021-12/31/2021) or your projected gross income for the 2022 tax year (01/01/2022-12/31/2022). 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. In order for your request to be processed you must:

Indicate the reason(s) for your change in circumstance

Write a brief summary of your request

Submit any and all supporting documents requested by the Financial Aid Office

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Student Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone/Cell: \_\_\_\_\_ Email: \_\_\_\_\_

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### REQUEST CATEGORIES (CHECK ALL THAT APPLY):

- |  |                       |
|--|-----------------------|
| <input type="checkbox"/> Excessive Medical bills                                   | Effective Date: _____ |
| <input type="checkbox"/> Loss/Reduction of Employment/Income or Assets             | Effective Date: _____ |
| <input type="checkbox"/> Deaths of Parent/ Spouse currently listed on the FAFSA    | Effective Date: _____ |
| <input type="checkbox"/> Divorce or Separation                                     | Effective Date: _____ |
| <input type="checkbox"/> Unsafe Family Environment                                 | Effective Date: _____ |
| <input type="checkbox"/> Tuition Paid for Dependent in Elementary/Secondary School | Effective Date: _____ |
| <input type="checkbox"/> Other _____   | Effective Date: _____ |

Please explain your situation. Include all relevant information (such as: dates, amounts, reasons, & extenuating circumstances). Please make use of the space provided. If more space is needed please attach a separate sheet of paper.

Student Signature	Date	Parent Signature (if applicable)	Date
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