

2025 - 2026 Special Circumstances Form for Dependent Student

We must have a valid, complete 2025-2026 FAFSA on file for the student to be able to process this form. As our office deals only in need-based aid, we must have the FAFSA on file as a starting point.

You are submitting this form to appeal your financial aid award offer due to special circumstances. Please review and indicate below which special circumstance applies to you. Required documentation (listed below) based on special circumstance must be submitted along with this form to avoid delays in our ability to make a timely determination for you.

Appeals submitted without a completed, signed special circumstance form, required documentation, and a detailed explanation of your circumstances will result in your appeal being denied.

Student Information

Last Name: _____ First Name: _____ MI: _____

HPU ID: _____ Date of Birth: _____

Please select the circumstance that best describes your situation

CIRCUMSTANCE

SUPPORTIVE DOCUMENTATION

<input type="checkbox"/> Other Loss of Income * Loss of Employment * Alimony * Child Support * Retirement/Pension * Social Security (taxed) * Worker's Compensation	You or your parent(s) income in 2024 was significantly less than 2023	Complete copies of: • 2024 IRS federal tax return • 2024 W-2 wage statements • Unemployment Benefit notice • Statement from employer • Original 2024 Benefit statement listing total amount received • Revised benefit statement listing updated amount to receive and effective date
<input type="checkbox"/> Separation or Divorce	Your parents separated or divorced AFTER filing the FAFSA but no later than 12/31/2025	Complete copies of: • 2024 IRS federal tax return • 2024 W-2 wage statements • Divorce decree or separation agreement and proof of separate addresses
<input type="checkbox"/> Death of a Parent or Spouse	A parent has died AFTER filing the FAFSA	Complete copies of: • 2024 IRS federal tax return • 2024 W-2 wage statements • Applicable death certificate
<input type="checkbox"/> Medical/Dental Expense	You paid for medical expenses over 11% of your Adjusted Gross Income (AGI) in 2024	Complete copies of: • 2024 IRS federal tax return • 2024 W-2 wage statements • Proof of all <u>paid</u> out-of-pocket medical expenses for 2024
<input type="checkbox"/> One Time (Lump Sum) Payment Received	You or your parent(s) received a one-time, lump sum payment in 2023	Complete copies of: • 2024 IRS federal tax return • 2024 W-2 wage statements • Documentation showing one-time, lump sum payment and what it is from • Letter detailing what these funds were used for and the balance remaining
<input type="checkbox"/> Other	Provide details in separate letter along with any reasonable documentation needed to support your circumstances	Complete copies of: • 2024 IRS federal tax return • 2024 W-2 wage statements

PLEASE NOTE: Special Circumstance form should only be submitted once for a set of circumstances. Repeat forms will not be considered.

STATEMENT OF CERTIFICATION

All of the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide further documentation to substantiate the information provided. I understand that all special circumstances are reviewed on a case-by-case basis and this request does not guarantee approval and/or may not ultimately result in actual change of the financial aid already offered.

(All persons providing information must sign below.)

Student signature

Date

Parent signature

Date